



Liquor Liability

MONOLINE LIQUOR LIABILITY WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.

NEW RENEWAL If a renewal, provide the expiring policy number: _____

Expiring policy term: _____ Expiring premium: _____

Expiring carrier: _____ Expiring limit: _____

1. Name of Applicant (List only one name per location, including legal & dba name. Applicant should be the one responsible for the sale/service of alcohol): _____

2. Mailing address: _____

3. Phone number: _____

4. Email address: _____

5. Inspection contact name: _____ Phone number: _____

6. Audit contact name: _____ Phone number: _____

7. Do you have a website? Yes* No
*If yes, provide the website address: _____

8. The applicant is: Individual Partnership Corporation Other (describe): _____

9. Is this a **Non Profit** Private, Fraternal or Social Club? Yes* No
*If yes, please answer the following:

a. Are same-day memberships available? Yes No

b. Is this risk located in a dry country or township? Yes No

c. Are members permitted to bring more than 2 guests per day (excluding banquet activities and immediate family members)? Yes No

d. Is self service of alcohol permitted by members? Yes No

10. Number of locations to be insured (complete 1 application per location): _____

11. Location address: _____

12. How long has current owner been operating at this location? * _____
*If 5 years or less, describe experience: _____

a. Has applicant ever operated this location under a different name or DBA (other than above)? Yes* No
*If yes, provide name or DBA used: _____

13. Does applicant ever **sell or serve alcohol away from the premises**? Yes* No
*If off-premises coverage is desired, attach a completed Off-Premises Supplemental Liquor Liability Application, form LLA-OPS, to this submission.

14. What is the **latest hour the establishment will ever stay open**? _____ AM PM 24 hours

a. What time does the **sale or service of alcohol cease**? _____ AM PM 24 hours

b. If open past 2:00 AM, is a **special license required** to stay open late? Yes No

c. For **Minnesota risks only**: Does applicant have a special license to stay open past 1:00 AM? Yes No

15. Type of business (check all that apply):

<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Private/Fraternal Club	<input type="checkbox"/> Exotic Dancing/Strip Club	<input type="checkbox"/> Off-Premises Caterer
<input type="checkbox"/> Nightclub	<input type="checkbox"/> Country Club	<input type="checkbox"/> Casino	<input type="checkbox"/> Hostess Bar
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Catering/Banquet Hall	<input type="checkbox"/> Pool/Billiard Hall

Concessionaire (describe venue): _____

Convenience/Retail Store (if operations are 100% retail with no on-premises consumption of alcohol, questions 25-33 are not applicable)

Other (describe): _____

16. a. Gross Annual Receipts

	Past 12 Months	Next 12 Months
FOOD	\$ _____	\$ _____
ALCOHOL	\$ _____	\$ _____
OTHER (describe):	\$ _____	\$ _____

b. If applicant has more than one operation or sells alcoholic beverages for on & off premises consumption at same location, provide breakdown of receipts by operation:

	Bar/Lounge	Restaurant	Banquet	Retail Sales	Other
FOOD	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ALCOHOL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER (describe)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

17. Does applicant have a valid **liquor license**? Yes No

a. Name on the license: _____ License #: _____

b. License type (Class D licenses prohibited in Utah): _____

18. For **Minnesota risks only**:

If a **Private, Fraternal, or Social Club**, does liquor license restrict service to members only? Yes No

19. Has the applicant or any majority partner filed **bankruptcy** in the last 5 years? Yes No

20. Are **employees or other persons serving alcohol permitted to consume alcohol** during their hours of employment or service? Yes No

21. Does the establishment attract a **youthful or college crowd** ranging from 21-25 years of age? Yes No

22. Are all alcohol-servers certified in a **Formal Alcohol Training Course** not mandated by the state? Yes* No

*If yes, provide name of the course: _____

To be considered for a credit on your quote, please attach copies of the certificates to this application.

23. **Violations:**

a. Within the past 5 years, has applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? Yes* No

b. *If yes, provide the following information on each fine or citation:

i. Date(s): _____

ii. Description(s): _____

iii. Fines and/or penalties assessed: _____

iv. Measures in place to prevent future violations: _____

24. **Claims:**

a. Within the past 5 years, has the applicant had any reported **liquor liability and/or assault and battery claims** or notification of potential liquor liability and/or assault and battery claims? Yes* No

b. *If yes, provide the following information on each claim:

i. Date(s): _____

ii. Description(s): _____

iii. Total incurred losses (reserves and payments): _____

iv. Status: _____

v. Measures in place to prevent future incidents: _____

25. Does or will applicant ever offer (include special events such as New Year's Eve parties, etc.):

a. Any drink specials/happy hours Yes* No

b. Drink specials/happy hours lasting longer than 3 hours in duration Yes* No

c. Drink specials/happy hours after 9:00 PM Yes* No

d. Single drink servings larger than 24 ounces Yes* No

e. Complimentary drinks Yes* No

f. "All you can drink" specials or other offers involving unlimited alcoholic beverages Yes* No

*If yes, describe type of drink(s), size (oz), cost and time(s) offered: _____

- g. Beer price (lowest price offered, including happy hours or specials): _____
- h. Liquor or wine price (lowest price offered, including happy hours or specials): _____
26. Does applicant permit **"BYOB"** (bring your own bottle), bottle service or setups? Yes* No
 *If yes, explain: _____
27. a. Are patrons under the legal drinking age permitted on the premises? Yes No*
 b. Are patrons **under the legal drinking age** permitted on the premises after 10:00 PM? Yes No*
 *If no, how is this enforced? _____
28. Are **bouncers, security or doorpersons** ever employed? Yes No
29. Are **guns** permitted or kept on premises? Yes No
30. Does applicant feature any entertainment? Yes* No
 *If yes: **Major Entertainment** (check all that apply):
 Adult Entertainment/Exotic Dancing Jazz music with dancing Karaoke with dancing DJ
 Band Comedy Club Country/Line Dancing
 Other (describe): _____ Shows or Contests (describe): _____
 Number of: _____ times per week **or** _____ times per year
- Incidental Entertainment** (check all that apply):
 Karaoke Solo vocalist Jukebox Mariachi band Jazz musicians
 Other (describe) _____
 Number of: _____ times per week **or** _____ times per year
- Is dancing permitted?** Yes No
31. Is this a **seasonal** operation? Yes* No
 *If yes, what is the season? _____ to _____
32. Are facilities available for **banquets, receptions or private affairs**? Yes No
 a. Number of: _____ times per week **or** _____ times per year
 b. Does applicant serve alcohol at all events where alcohol is present? Yes No*
 *If no, will lessee be required to carry liquor liability insurance at equal or greater limits? Yes No
33. Is **entertainment featured at banquets**? Yes No
 a. Number of: _____ times per week **or** _____ times per year
34. Is the applicant's premises located in a jurisdiction which permits **civil cases** to be heard in a tribal court? Yes No
35. Within the past 5 years, has applicant's liquor coverage been **cancelled or nonrenewed**? Yes* No
 *If yes, explain: _____
36. Limits desired: Each Common Cause Limit: _____ Aggregate Limit: _____
37. Is applicant requesting liquor liability limits greater than general liability limits carried? Yes* No
***If yes, please note that General Liability limits must be maintained at limits equal to or greater than Liquor Liability limits.**
38. Is an **additional insured** needed? Yes* No
 *For each additional insured desired, provide the following information:
 a. Name: _____
 b. Address: _____
 c. Insurable interest: _____

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files and application for insurance or statement of claim containing any materially false information. or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the Application or in any affidavit made before or after a loss under the policy will be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for may render inaccurate, untrue or incomplete any statement made with the minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium."

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
