

LIQUOR LIABILITY APPLICATION
Must be completed in full and signed by the applicant.
Complete separate application for each location
Attach 5 years loss runs when available

TAYLOR INSURANCE SERVICES
2700 Westown Parkway, Ste. 140
West Des Moines, IA 50266
FAX: (515) 225-8073

Agency: _____	
Contact person: _____	
Address: _____	
Telephone (Voice): _____	Fax: _____

Effective Date Requested _____ to _____

New Renewal of Policy Number _____

1. Name of applicant (show all names including legal and dba) _____

2. Mailing Address _____

3. Location Address _____

Number of Stories _____ Any Patrons on other floors: Yes No

What are other floors used for? _____

Automatic Sprinklers? Yes No Central Station Fire Alarm? Yes No

Second Floor Capacity _____ Describe second floor exits: _____

4. Website Address _____

5. Name and phone number of Contact Person _____

6. The applicant is:

Individual Partnership Corporation Other (describe) _____

7. Does applicant have a valid liquor license? Yes No

If yes, name on license? _____ License #: _____

8. Previous liquor liability carrier: _____ Policy Number: _____

Limits: _____ Annual Premium: _____

9. Name of General Liability Insurance Company: _____

Policy Limits: Occurrence: _____ General Aggregate: _____ Expiration date: _____

Does GL Policy exclude Assault & Battery? Yes No

10. Liquor Limits Desired: Each Common Cause: _____ Aggregate: _____

11. Within the past 5 years, has applicant's liquor coverage been cancelled or nonrenewed? Yes No

If yes, explain: _____

12. Has your liquor license ever been suspended or revoked? Yes No

If yes, explain: _____

13. Has the applicant or any owner, officer or partner filed bankruptcy in the last five years? Yes No

14. Violations: Within the last 5 years, has applicant been fined or cited for violations related to illegal activities or the sale or service of alcohol? Yes No

If yes, provide details and dates of citations _____

15. Claims:

a) Within the last 5 years, has the applicant had any reported liquor liability claims or notification of potential liquor liability claims? Yes No
 If yes, provide date(s), description of claim(s) and status: _____

b) Within the past 5 years, has the applicant had any reported assault & battery claims or notification of potential claims related to assault & battery? Yes No
 If yes, provide date(s), description of claim(s) and status: _____

16. Are all alcohol serving employees certified in a formal alcohol training course? Yes No
 If yes, provide name of course (e.g., TIPS, TAM, RAMP, BEST, etc.) _____

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

- Bar/tavern Retail/Convenience Gas No Gas
- Bowling alley Billiard/pool hall Restaurant Country Club
- Casino Concessionaire Adult night club or bar Catering/Banquet Hall
- Off-premises caterer Private Club Members Only? Yes No
- Other (describe) _____

18. How long has current owner been in business at this location? _____ If five years or less, describe prior experience _____

19. How many days per week is Location open? _____

20. Hours of operation: Mon-Thurs _____ Fri _____ Sat _____ Sun _____

21. What hours is a Regular Full-Time Manager on Duty? _____

How many years has Manager worked at this establishment? _____ If five years or less, describe prior experience _____

22. a)	Gross annual receipts	Past 12 months	Next 12 months
	Food	\$ _____	\$ _____
	Alcohol	\$ _____	\$ _____
	Other (describe)	\$ _____	\$ _____
	Total	\$ _____	\$ _____

b) If applicant engages in the sale of alcoholic beverage for on-premise & off-premise consumption, provide receipts for each.

		On Premise	Off Premise
	Food	\$ _____	\$ _____
	Alcohol	\$ _____	\$ _____
	Total	\$ _____	\$ _____

23. What is the distance to other establishments serving alcohol? _____

24. Are employees permitted to consume alcohol during their hours of employment? Yes No

25. What is the average age of the waitstaff? _____ Average number of servers _____

26. What is the distance to the nearest college campus? _____

Does your operation target College Students? Yes No

27. What is the average age of patrons? Under 21 21-25 26-30 31-40 41+
 (Please check all that apply)

28. Does applicant offer:

- Happy Hours or other Promotional events? Yes* No
- Multiple drink incentives (i.e., 2 for 1s, every 3rd drink is free, etc.?) Yes* No
- Drink specials before 4 p.m. and/or after 7 p.m.? Yes* No
- Complimentary drinks or "all you can drink" specials? Yes* No
- Are drinks larger than 16 ounces served? Yes* No
- Are bar surfaces, tables or floors ever covered with alcoholic beverages or ignited? Yes No
- Are flaming or ignited drinks served? Yes No

*If yes, describe type of drink(s), prices and time(s) offered _____

What is the average cost of beer? Bottle _____ Draft _____

What is the average cost of wine? Glass _____ Bottle _____

What is the average cost of house whiskey? _____

29. Does the applicant permit "BYOB" (bring your own bottle) or set-ups? Yes No

If yes, explain _____

30. Seating Capacity in dining room _____ bar area _____

Have you ever been cited or fined for overcrowding? Yes No

31. If alcohol sales equal or exceed food receipts, are persons under the legal drinking age allowed on premises after 10 p.m.? Yes No

If no, describe how this is enforced. _____

32. Are bouncers or doorpersons employed? Yes No

33. Are Security Guards employed? Yes No

If yes: Armed? Yes No Off Duty Police? Yes No

Are background checks done on the security staff? Yes No

34. Does applicant feature any entertainment or other promotional events? Yes No

If yes: How often 0-12 times per year 1-3 times per week

13-51 times per year 4+ times per week

Is there a Cover Charge? Yes No If yes, how much? _____

Entertainment is:

DJ Jukebox Karaoke Solo vocalist Foam Party

Band Comedy Club Adult entertainment/exotic dancing

Stage/floor show or contests (describe): _____

Other promotional event (describe): _____

Describe type of music:

Top 40s/pop Classic rock Soft rock Alternative

Country Jazz R&B Rap Other _____

Is there a dance floor? Yes No If yes, square footage _____

Any raised or elevated dancing areas? Yes No

If yes, describe: _____

35. How many of the following amusement devices are on premises?

Electronic/Video Game Pinball Machine Darts

Football, Table Hockey, etc. Pool Table

Mechanical Bull Gaming/Gambling

Other (describe) _____

36. Are facilities available for banquets, receptions, weddings, private affairs? Yes No
If yes, how many functions are handled annually? _____ Describe types: _____

Describe who is dispensing the alcohol: _____

37. Is there an established procedure for handling violent or disruptive patrons? Yes No
If yes, describe: _____

38. Do you provide 3rd Party transportation i.e. cabs? _____

39. Are any actions taken to prevent obviously intoxicated persons from driving? Yes No
If yes, describe: _____

40. What steps are taken to avoid serving alcohol to persons under age? _____

Additional explanation of any response. Indicate question number.

FRAUD STATEMENT: Any person who knowingly and with the intent to defraud any insurance company or other person, files an 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 shall also be subject to a civil penalty.

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent. I/we warrant that premises liability coverage will be maintained at limits at least equal to the liquor liability limits during the entire term of the liquor policy. I/we agreed to submit records for audit by the company upon termination or expiration of this policy for the determination of actual gross receipts during the period of coverage, if requested.

Signature of Applicant* _____ **Title** _____ **Date** _____
(Must be owner, officer or partner) (Required) (Required)

*Signing this application does not require the insurer to issue a policy of insurance or require the applicant to accept the insurance offered.

**The undersigned hereby warrants and certifies that all information contained herein is correct; That this form was completed and then signed by the insured/applicant; that a completed copy hereof has been given to the insured/applicant; and that I am retaining a duplicate signed copy hereof.

Signature of Producing Agent**

Date _____
(Required)