



SCOTTSDALE INSURANCE COMPANY®

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Liquor Liability Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name
Mailing Address
Location #1
Complete a separate application for each location.

Agent Name
Address

PROPOSED EFFECTIVE DATE:

From To
12:01 A.M., Standard Time at the address of the Applicant

Table with 2 columns: Each Common Cause, Aggregate. Rows for liability limits in \$,000.

PLEASE ANSWER ALL QUESTIONS

1. Type of risk:

- Convenience/Grocery Store, Bar/Tavern, Catering Service, Special Event Vendor, Package Store, Restaurant, Liquor Manufacturer/Microbrewery, Night Clubs, Comedy Clubs, Gentlemen's/Strip Clubs, Casino, Wholesaler/Distributor, Other (Describe)

2. Type of ownership:

- Corporation, Individual, Partnership, Other

3. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your liquor license suspended?

If Yes, when and why?

4. Name on liquor license Type of liquor license

5. Square foot area of establishment (Maximum Occupancy)

6. Premises within city limits?

7. Have all servers been through any server training (tips, tops)?

Type of course

How often required? Ride home policy?

8. Number of servers

9. How often does manager review liquor liability laws with employees (including penalties for serving intoxicated customers)?

10. Procedures in place regulating the sale of alcohol to minors or those under the influence?

If Yes, describe:

How is age of customer verified?

11. Type of clientele: Area Residents, Area Workers, Tourists, College, Other

12. Percent of clientele: Under 25%, 25-30%, Over 30%

13. Type of area: Industrial or Commercial, Residential, Rural, Other

Located on or near college campus?

14. How many years has applicant been in business? _____

15. How many years has applicant been at this location? _____

16. How many days per week is location open? _____

17. What time does location close? _____ Hours of serving? _____

18. Is there a cover charge? Yes No

If Yes, what is the amount? \$ _____

19. Do you have "Happy Hour" or 2-for-1 drink specials? Yes No

Is last call announced? Yes No

Are customers allowed more than one drink at last call? Yes No

20. Are patrons allowed to BYOB (Bring Your Own Booze)? Yes No

21. Security Activities:

Bouncers Doorman Off Duty Police

Contracted Security Firms: inside outside armed unarmed

Any firearms kept or carried on the premises? Yes No

22. Types of entertainment activities:

Live Entertainment Type and how often? _____

DJ Dance Floor Size _____ Juke Box

Pool Table(s) Number: _____

Electronic Games Type: _____

Mechanical Devices Type: _____

Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.): _____

Special Promotions Yes No If Yes, describe _____

23. Estimated liquor receipts: \$ _____ Other receipts: \$ _____

24. Percent of receipts for on-premises consumption: _____ %

25. Percent of receipts for off-premises consumption: _____ %

26. Estimated food receipts: \$ _____

27. Percentage of liquor receipts to total receipts: _____ %

28. Prior carrier: _____ Policy number: _____

29. Has applicant had any claims? Yes No

If Yes, give details: _____

30. SPECIAL EVENTS: (If GL also being written with liquor, include Special Event Application.)

• Type and purpose of event _____

• Describe entertainment if provided for event _____

• Location of event (provide diagram of area when possible) _____

• Attach a brochure/flyer; advertisement if available.

• Hours of event _____ Daily attendance _____ Number of days _____

• Is alcohol being served in a controlled or fenced off area? _____

• Can alcohol be consumed away from the area where served? _____

• Can alcohol be brought in by attendees? _____

• Who will check ID's and when? _____

• After ID's are checked, are wrist bands used or hand stamps? _____

- Will there be professional bartenders? Yes No
If so, how many? _____
- Is the applicant the sole vendor of alcohol?..... Yes No
If not, are all vendors required to carry liquor coverage? Yes No

31. Manufacturer:

- Tours of Facility? Yes No
- Free Samples given? Yes No
- If Yes, how is quantity controlled? _____

32. Distributor:

- Any Sponsored Events? Yes No
- If Yes, describe: _____
- Policy for giving away alcoholic beverages by Sponsor? Yes No
- If Yes, describe: _____

33. Caterers:

- Are clients/guests allowed to mix their own drinks? Yes No
- Does caterer provide liquor or just bartending service? Yes No

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING

Any person who knowingly and with 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 subjects such person to criminal and civil penalties.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

Named Insured Signature

Date

Producing Agent Signature

Date

Agent Name _____ Agent License Number _____

(Applicable to Florida Agents Only.)