

Liquor Liability

NEVADA 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: _____
- 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): _____
- Mailing address: _____
 E-mail address: _____
 Phone number: _____ Web site address: _____
 Inspection contact name: _____ Phone number: _____
 Audit contact name: _____ Phone number: _____
- Number of locations to be insured (complete 1 application per location): _____
- Location address: _____
- The applicant is: Individual Partnership Corporation LLC
 Other (describe): _____
- Is the applicant a **non-profit Private, Fraternal or Social Club**? Yes* No
 *If yes, please answer the following:
 - Are same-day memberships available? Yes No
 - Are members permitted to bring more than 3 guests per day (excluding banquet activities and immediate family members)? Yes No
 - Is self service of alcohol permitted by members? Yes No
- How long has current owner been operating at this location? _____
- Limits desired: Each Common Cause Limit: _____ Aggregate Limit: _____
- Is applicant requesting Liquor Liability limits greater than General Liability limits carried? Yes* No
***As a condition of coverage, General Liability limits must be maintained at limits equal to or greater than Liquor Liability limits.**
- Does applicant ever sell or serve alcohol away from the premises? Yes* No
***If off-premises coverage is desired, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP APP, to this submission.**
- 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
- Type of business (check all that apply):
 Bar/Tavern Private/Fraternal Club Exotic Dancing/Strip Club Off-Premises Caterer*
 Nightclub Country Club Casino Restaurant
 Bowling Alley Banquet Hall* Pool/Billiard Hall
 Concessionaire* (describe venue): _____
 Convenience/Liquor Store/Retail Store (if operations are 100% retail with no on-premises consumption of alcohol, questions 22-26 are not applicable)
 Other (describe): _____
***If type of business is a banquet hall, concessionaire or off-premises caterer, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP APP, to this submission.**
- Gross Annual Receipts:** 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 (Sold)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other (Complimentary)*	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<i>*Estimated retail cost of complimentary alcoholic beverages</i>					
Gaming	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other (Describe) _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

15. Does applicant have a valid **liquor license**? Yes No
16. Has the applicant or any principal with a controlling interest in the applicant filed for **bankruptcy** in the last 12 months? Yes No
17. Does applicant have a gaming license?
- a. Type of gaming license: Restricted Non-Restricted
- b. Number of slot machines: _____ c. Number of tables: _____

18. Are **employees or other persons permitted to consume alcohol** during their hours of employment or service? Yes No
19. 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.
Note: the course must be one approved by Company.

20. **Violations:** Does the applicant have knowledge of any **fines or citations** for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? Yes* No
- *If yes, provide the following information on each fine or citation:

Date(s): _____ Description(s): _____

Measures in place to prevent future violations: _____

21. **Claims:** 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 within the past five years? Yes* No
- *If yes, provide the following information on each claim:

Date(s): _____ Description(s): _____

Total incurred losses (reserves and payments): _____ Status(open or closed): _____

Measures in place to prevent future incidents: _____

22. Are complimentary drinks ever offered? Yes No
- a. If yes, does applicant monitor the number of drinks per person? Yes No
- b. Are separate records kept for the retail cost of complimentary drinks? Yes No

23. Does applicant permit **"BYOB"** (bring your own bottle), bottle service or setups? Yes* No
- *If yes, explain: _____

24. Does applicant feature any **entertainment**? Yes* No
- *If yes: **Major Entertainment** (check all that apply):

Adult Entertainment/Exotic Dancing Dance hall/Dance club DJ with dancing

Band (3 or more members, excluding jazz bands)

Other (describe): _____

Number of: _____ **times per week** or _____ **times per year**

Incidental Entertainment (check all that apply):

Comedy shows DJ without dancing Karaoke Jazz musicians Jukebox

Mariachi band Solo vocalist

Other (describe): _____

Number of: _____ **times per week** or _____ **times per year**

25. Are facilities available for **banquets, receptions or private affairs**? Yes No

a. **Number of:** _____ **times per week** or _____ **times per year**

b. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? Yes No*

*If no, are persons serving alcohol who are not applicant's authorized employees or members required to carry Liquor Liability insurance with limits greater than or equal to limits covered under applicant's liquor policy? Yes No

26. Is **banquet entertainment provided** by applicant or lessees? Yes No

a. **Number of:** _____ **times per week** or _____ **times per year**

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

*If yes, explain: _____

28. Is an **additional insured** needed? Yes* No

*For each additional insured desired, provide the following information:

a. Name: _____

b. Address: _____

c. Insurable interest: _____

FINE DINING ESTABLISHMENTS ONLY:

29. a. Average entrée price: _____

b. Average bottle of wine price: _____

c. Number of bottles of wine on the wine list: _____

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 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 therewith, 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 that 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, Officer or Partner is accepted. (Required) (Required)

Broker's Signature: _____

Address: _____

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: _____