

Texas Liquor Liability

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: _____

Phone number: _____

E-mail address: _____

Inspection contact name: _____ Phone number: _____

Audit contact name: _____ Phone number: _____

Website address: _____

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

4. Location address: _____

5. The applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other (describe): _____

6. Is the applicant 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. Are members permitted to bring more than 3 guests per day
(excluding banquet activities and immediate family members)? ☐ Yes ☐ No

c. Is self-service of alcohol permitted by members? ☐ Yes ☐ No

d. Are any single drinks sold for less than \$.50? ☐ Yes ☐ No

7. How long has current owner been operating at this location? _____

8. Limits desired: Each Common Cause Limit: _____ Aggregate Limit: _____

9. 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.

10. 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.

11. 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

12. 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/Retail Store/Liquor Store (if operations are 100% retail with no on-premises consumption of alcohol, questions 21-27 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.

13. 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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER (describe) _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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

15. Has the applicant or any principal with a controlling interest in the applicant filed for **bankruptcy** in the last 12 months? ☐ Yes ☐ No

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

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

18. Education and Loss Prevention

a. Have all servers, sellers of alcohol and their managers been trained in a "Texas Alcohol Beverage Control Commission (TABC)" approved alcohol awareness training program? ☐ Yes* ☐ No

b. Does applicant maintain a written policy on responsible alcohol service? ☐ Yes* ☐ No

c. Does applicant hold regular meetings with servers to review responsible alcohol service? ☐ Yes* ☐ No

*If yes is answered to all of the above questions, the applicant may be eligible for a 20% credit (refer to page 4).

19. Violations:

a. 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 incidents: _____

20. Claims:

a. 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: _____

Measures in place to prevent future incidents: _____

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

a. Drink specials/happy hours after 11:00 PM? ☐ Yes* ☐ No

b. More than two complimentary drinks per patron per day? ☐ Yes* ☐ No

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

22. Does applicant permit **"BYOB"** (bring your own bottle), bottle service or setups? ☐ Yes* ☐ No

*If yes, explain: _____

23. 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 11:00 PM? ☐ Yes ☐ No*

24. Are **bouncers, security or doorpersons** ever employed? ☐ Yes ☐ No

25. Does applicant feature any entertainment? ☐ Yes* ☐ No

*If yes: **Major Entertainment** (check all that apply):

☐ Adult Entertainment/Exotic Dancing

☐ Dance hall

☐ DJ with dancing

☐ Band (3 or more members, excluding jazz bands)

☐ Dueling piano bar

☐ 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

☐ Comedy Shows

☐ DJ without dancing

☐ Other (describe) _____

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

26. 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
27. Is **banquet entertainment provided by applicant or lessees**? ☐ Yes ☐ No
 a. Number of: _____ times per week **or** _____ times per year
28. Does the establishment have and utilize an **identification scanner** device to verify age of patrons? ☐ Yes ☐ No
29. Within the past 5 years, has applicant's Liquor coverage been **cancelled or nonrenewed**? ☐ Yes* ☐ No
 *If yes, explain: _____
30. 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:

31. 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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief that 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 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 information supplied by the applicant prior to issuing a quote. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued.

Applicant's Signature: _____ Title: _____ Date: _____
 Owner, Officer or Partner (Required) (Required)

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: _____

Agreement to Comply with “Safe Harbor Act” Requirements

There is a provision under the Texas Alcoholic Beverage Code known as the “safe harbor defense.” Under this provision, an employer may be protected from administrative fines and sanctions if one of their employees makes an illegal sale of alcohol. To receive this protection, the employer must meet specific criteria demonstrating how they advocate and support safe service of alcohol within their establishment. Complying with “Safe Harbor Act” requirements will help protect your business, liquor license, employees, customers and communities.

In addition, you can earn a 20% credit on your liquor liability premium with United States Liability Insurance Group!

Here's all you need to do:

1. **All servers and sellers of alcohol (and their managers) must complete a current alcohol awareness training course approved by the Texas Alcohol Beverage Control Commission (TABC).** Any course approved by the Texas Alcohol Beverage Control Commission is acceptable. Following are two examples of TABC-approved programs:
 - a. Learn2Serve provides TABC certification online! We have arranged for discounted pricing (\$15 per person) for United States Liability Group insureds. Register through www.LiquorTraining.com to receive the discounted pricing or call 800-442-1149, ext. 154 for more information.
 - b. TIPS trainers are available throughout the country: Call 800-438-8477 or visit www.gettips.com for information on obtaining TIPS training.
2. **Have a written policy on responsible alcohol service.** The policy should be reviewed with each employee and displayed prominently in your establishment. You should have each employee sign the alcohol policy to ensure they understand and agree to comply with the responsible service policy. For your convenience, we have provided a sample policy that you are free to adopt in your establishment.
3. **Hold monthly meetings with servers to review responsible alcohol service.** You should maintain a written record of the dates meetings are held and the names of all employees who attended. We may periodically request a copy of this information during or after the policy term for our files.

Please complete, sign and return this form to your agent when requesting coverage. This information must be confirmed prior to requesting coverage in order to receive the 20% credit.

I hereby certify, under penalty of insurance fraud, this establishment has implemented the steps listed above. I agree to maintain written documentation of the above items, and understand this information may be requested at any time during or after the policy period.

I have attached copies of the following:

- TABC-certification for every person involved in serving alcohol (and their managers)
- Our written policy on responsible alcohol service

Insured's Signature: _____ Date _____
(Must be signed by owner, officer or partner)

Legal and DBA Names: _____