



Liquor Liability Warranty Application Bar/Restaurant Product  
 NEVADA LIQUOR LIABILITY WARRANTY APPLICATION

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses or violations in the past five years. If there is loss or violation history, please complete the entire application.

Applicant's name: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web address: \_\_\_\_\_

Number of locations to be insured: \_\_\_\_\_ (complete one application per location)

Description of operations:

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What year did the applicant start business at this location? \_\_\_\_\_

How many years experience does applicant have owning or managing this type of operation? \_\_\_\_\_

Food Sales	Alcohol Sales- On Premises Consumption	Alcohol Sales- Off Premises Consumption	Estimated Cost of Complimentary Alcoholic Beverages (if applicable)	Gaming Receipts
\$	\$	\$	\$	\$

Each Common Cause Limit: \$ \_\_\_\_\_ Aggregate Limit: \$ \_\_\_\_\_

What is the latest hour of operation? \_\_\_\_\_  AM  PM  24 hours

What time does the sale of alcohol cease? \_\_\_\_\_  AM  PM  24 hours

Does the applicant feature any entertainment?  Yes  No

If yes, check all of the following types that apply:

- Adult entertainment/Exotic dancing  Number of times per week \_\_\_\_ or per year \_\_\_\_
- Bands (3 or more members, excluding jazz bands)  Number of times per week \_\_\_\_ or per year \_\_\_\_
- DJ with dancing  Number of times per week \_\_\_\_ or per year \_\_\_\_
- Banquet entertainment by applicant or lessee  Number of times per week \_\_\_\_ or per year \_\_\_\_

Are all alcohol-serving employees certified in a Formal Alcohol Training Course not mandated by the state?  Yes  No

Does the establishment utilize an identification scanner on all patrons regardless of age?  Yes  No

Is BYOB (bring your own bottle) permitted for other than banquet operations?  Yes  No

If yes, complete the following:

What is the maximum occupancy of the establishment? \_\_\_\_\_

What percentage of patrons brings their own bottle?  less than 50%  50% or more

Does the applicant offer on-premises tasting or sampling of alcoholic beverages in conjunction with any retail operation?  Yes  No

Additional Insureds:

Name	Relationship/Interest	Address	City, State, Zip

II. GENERAL ELIGIBILITY CRITERIA SECTION - COMPLETE FOR ALL APPLICANTS

1. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months?  Yes  No
2. Will the applicant maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol?  Yes  No
3. Does the applicant have a gaming license?  Yes  No  
 If yes, is the license a restricted gaming license (15 or less gaming machines)?  Yes  No
4. Is the applicant affiliated with a national franchise operation?  Yes  No
5. Does the 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.*

6. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No
7. Does or will the applicant ever offer bottle service or set-ups?  Yes  No
8. If complimentary drinks are offered, does applicant closely monitor the number of drinks per person?  Yes  No
9. Are patrons under the legal drinking age permitted on the premises?  Yes  No
10. Has the applicant had any reported liquor liability and/or assault or battery claims or notification of potential liquor liability and/or assault or battery claims at this location 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: \_\_\_\_\_

11. 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: \_\_\_\_\_

12. Is the applicant requesting Liquor Liability limits greater than the 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.*

13. Within the past five years, has the applicant's Liquor Liability coverage been cancelled or non-renewed?  Yes  No  
 If yes, explain: \_\_\_\_\_

### III. COMPLETE ALL APPLICABLE SECTIONS

#### A. RESTAURANTS OR BARS WITH BANQUET OPERATIONS:

*Note: If operation is strictly a banquet hall, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP- APP, to this submission.*

14. a. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present?  Yes  No
- b. If persons serving alcohol are not the applicant or its authorized employees or members, are they required to carry Liquor Liability insurance with limits equal to or greater than limits covered under applicant's liquor policy, and name applicant as an additional insured?  Yes  No

#### B. FINE DINING ESTABLISHMENTS:

15. a. Is the average entrée price greater than \$20.00?  Yes  No
- b. Is the average bottle of wine price greater than \$30.00?  Yes  No
- c. Is the number of bottles on the wine list greater than 10?  Yes  No

#### C. NON-PROFIT PRIVATE, FRATERNAL OR SOCIAL CLUBS:

16. a. Is the applicant a non-profit private, fraternal or social club?  Yes  No
- b. Are same day memberships available?  Yes  No
- c. Are members permitted to bring more than 3 guests per day (excluding banquet activities and immediate family members)?  Yes  No
- d. Is self-service of alcohol by members permitted?  Yes  No
- e. Is BYOB (bring your own bottle) permitted for banquet operations only?  Yes  No

#### D. BRING YOUR OWN BOTTLE (BYOB) RESTAURANTS:

17. a. Does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons?  Yes  No
- b. Are patrons permitted to bring hard alcohol on the premises?  Yes  No

#### E. ON-PREMISES TASTING OF ALCOHOL:

18. a. Is eight ounces the maximum amount of complimentary samples permitted for any one patron per day?  Yes  No
- b. If someone other than the applicant's employees is serving the samples, are they required to carry their own Liquor Liability insurance at limits equal to or greater than the applicant's?  Yes  No

**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 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.

**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 may be guilty of a crime and may be subject to fines and confinement in prison.

IV. ADDITIONAL APPLICANT INFORMATION

Form of business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address of primary contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner, Officer or Partner)

(Required)

(Required)

*If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.*

Retail agency name: \_\_\_\_\_ License#: \_\_\_\_\_

Main agency phone number: \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_