

# SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

## Liquor Liability Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name _____	Agency Name _____
Mailing Address _____	Agent _____
_____	Address _____
Location #1 _____	_____
Complete a separate application for each location	E-Mail _____
Web Site Address _____	Phone _____

PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
\$ _____	\$ _____

PLEASE ANSWER ALL QUESTIONS

**1. Type of risk:**

- |                                                    |                                                           |                                                 |
|----------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Bar/Tavern                | <input type="checkbox"/> Drive-through Daiquiri Shop      | <input type="checkbox"/> Package Store          |
| <input type="checkbox"/> Casino                    | <input type="checkbox"/> Gentlemen's/Strip Clubs          | <input type="checkbox"/> Restaurant             |
| <input type="checkbox"/> Catering Service          | <input type="checkbox"/> Liquor Manufacturer/Microbrewery | <input type="checkbox"/> Wholesaler/Distributor |
| <input type="checkbox"/> Comedy Clubs              | <input type="checkbox"/> Night Clubs                      |                                                 |
| <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> 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?** ..... ☐ Yes ☐ No

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?** ..... ☐ Yes ☐ No

**7. Have all servers been through any server training (tips, tops)?** ..... ☐ Yes ☐ No

Type of course: \_\_\_\_\_

How often required? \_\_\_\_\_

Ride home policy? ..... ☐ Yes ☐ No

**8. Number of servers:** \_\_\_\_\_

9. How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? \_\_\_\_\_
10. Are procedures in place regulating the sale of alcohol to minors or those under the influence? .... ☐ Yes ☐ No  
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? ..... ☐ Yes ☐ No
14. How many years has the applicant been in business? \_\_\_\_\_
15. How many years has the applicant been at this location? \_\_\_\_\_
16. How many days per week is the location open? \_\_\_\_\_
17. What time does the 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 or occurrences that may give rise to claims?.....☐ Yes ☐ No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**30. Gentlemen's clubs:**

Turnover rate for staff: \_\_\_\_\_

Are servers dancers in training? .....☐ Yes ☐ No

Does applicant prohibit serving of alcohol after hours to their staff? .....☐ Yes ☐ No

Are clients allowed to purchase drinks for dancers/hostesses? .....☐ 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 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'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCING AGENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT: \_\_\_\_\_