



**LIQUOR LIABILITY APPLICATION**

**ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.**

1. Named Insured (Show all Names Including legal and DBA) \_\_\_\_\_

2. Mailing Address (Street, City, County, State, ZIP Code) \_\_\_\_\_

3. Location Address (Street, City, County, State, ZIP Code) \_\_\_\_\_

4. Telephone (incl. area code) \_\_\_\_\_ Fax (incl. area code) \_\_\_\_\_

5. Contact Person/Phone Number \_\_\_\_\_  
 Inspection \_\_\_\_\_ Accounting Records \_\_\_\_\_

6. Form of Business:  Individual  Partnership  Corporation  Limited Liability Corporation  
 Other: \_\_\_\_\_

7. Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

8. Limits Requested:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  
 \$1,000,000/\$2,000,000  Other: \_\_\_\_\_

9. Deductible Requested:  \$250  \$500  \$1,000  \$2,500

**GENERAL INFORMATION**

1. Do you have a liquor license(s)?  Yes  No  
 Name on license: \_\_\_\_\_ License number: \_\_\_\_\_

2. Years in business at this location: \_\_\_\_\_  
 If under 2 years, explain previous experience: \_\_\_\_\_

3. Type of customers (most applicable):  Families  Students  Business/Professional  Military  
 Blue Collar  Other: \_\_\_\_\_

4. Average age of customers: \_\_\_\_\_

5. Percentage of customers who arrive/depart by car: \_\_\_\_\_ %

**REVENUE**

Provide annual sales for food and alcoholic beverages (liquor, beer, and wine):

	<b>Alcohol On-Sale*</b>	<b>Alcohol Off-Sale**</b>	<b>Food Sales</b>	<b>Other Sales</b>	<b>Total Sales</b>
Next 12 months					
Past 12 months					

\*On-Sale Alcohol Sold:  Beer  Wine  Liquor

\*\*Off-Sale Alcohol Sold:  Beer  Wine  Liquor

\*\*\*Describe Other Sales: \_\_\_\_\_

**DESCRIPTION OF OPERATIONS**

1. Description of Business (Check each applicable box):

- Bar or Tavern (may serve food)       Billiard/Pool Hall       Bowling Alley
- Package Store (retail)       Convenience/Grocery Store       Night Club/Cabaret
- Comedy Club       Dance Hall/Ballroom       Catering/Banquets/Hall Rental
- Beverage Distributor (wholesale)
- Hotel/Motel; have mini-bars in rooms?     Yes     No
- Private Club; specify type (American Legion, VFW, Country Club, etc.): \_\_\_\_\_
- Restaurant; specify type (American, Chinese, Italian, Seafood, etc.): \_\_\_\_\_
- Other (describe): \_\_\_\_\_

2. Area surrounding premises (Check the most applicable):

- Rural       Entertainment District       Suburban Commercial       Urban Commercial
- Residential       Seasonal/resort: Operate all year?     Yes     No
- Other (describe): \_\_\_\_\_

3. Is there a college or university within a 3 mile radius of establishment?     Yes     No

4. Do you have promotional events?     Happy Hour     Ladies' Night     Other    If yes, give details:

a. # of days per week: \_\_\_\_\_

b. Times & duration of promotions (i.e. 5 pm to 7 pm): \_\_\_\_\_

c. Describe alcohol and food discounts: \_\_\_\_\_

5. Any sports teams sponsored?     Yes     No

If yes, list sports: \_\_\_\_\_

**BAR/RESTAURANT/TAVERN**

1. Number of days open per week: \_\_\_\_\_

2. Normal opening and closing hours for alcohol sales:	Sunday - Thursday	Friday	Saturday
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3. Seating capacity:	Dining room	Bar area	Maximum legal occupancy
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4. Does establishment rent out facility for banquets, weddings, etc.?     Yes     No

If yes, number of times per year: \_\_\_\_\_

5. Do you allow BYOB?     Yes     No

6. Do you dispense or provide alcoholic beverages for off-premises events?     Yes     No

7. Do you offer any of the following drink specials?

- Happy Hour       Double for single prices       Drinking contests
- Other promotional events     Athletic contests or events     Ladies night
- Complimentary drinks     2 for 1 drinks       Drinks over 24 oz.
- College night       All you can drink       Singles night
- Whole liquor bottle service or setup

If yes, describe and include days and hours offered (be specific): \_\_\_\_\_

**AMUSEMENT DEVICES & SPORTS FACILITIES**

1. Do you have any amusement devices and/or sports facilities?     Yes     No

a. **Devices with removable parts (balls, pucks, racquets, etc.) provide number of all that apply:**

Pool Tables \_\_\_\_\_ Foosball \_\_\_\_\_ Air Hockey \_\_\_\_\_

Shuffleboards \_\_\_\_\_ Dart Boards \_\_\_\_\_ Skee-Ball \_\_\_\_\_

Other \_\_\_\_\_ Describe: \_\_\_\_\_

**b. Totally enclosed devices - provide number of all that apply:**

Televisions \_\_\_\_\_ Video Games \_\_\_\_\_ Gambling Machines \_\_\_\_\_  
Pinball Machines \_\_\_\_\_ Mechanical Riding Machines \_\_\_\_\_  
Other \_\_\_\_\_ Describe: \_\_\_\_\_

**c. Sports Facilities (check all that apply):**

Volleyball  Basketball  Hockey  Other (describe): \_\_\_\_\_

**ENTERTAINMENT**

1. Do you provide entertainment?  Yes  No If yes, check ALL that are applicable below:

Juke Box  Comedian  Dancers-topless/nude/go-go

DJ: # of days per week: \_\_\_\_\_  Solo musician/singer: # days per week: \_\_\_\_\_

Band: minimum # of musicians (including singer) \_\_\_\_\_ Number of days per week: \_\_\_\_\_

Other Entertainment (describe): \_\_\_\_\_

Type of music:  Country/Western  Rock & Roll  Heavy Metal  Jazz

2. Do you have a cover charge?  Yes  No

3. Is dancing allowed?  Yes  No

If yes, # of days per week: \_\_\_\_\_ Size of floor - sq. ft.: \_\_\_\_\_

**SPECIAL EVENTS**

1. Does your special event have a liquor license?  Yes  No

If no, does the event have a subcontracted liquor vendor with a license?  Yes  No

2. Type of license:  On-sale  Off-sale  Beer  Wine  Liquor

3. Indicate the type of area of location:  Residential  Resort  Rural  Suburban  
 Downtown  Commercial (non-industrial)  Industrial

4. Is the location on or near a college campus?  Yes  No If yes, distance away: \_\_\_\_\_

5. License period: From: \_\_\_\_\_ To: \_\_\_\_\_

6. Who is serving the alcohol?  Insured  Other\* organization

If other, explain: \_\_\_\_\_

*If other, obtain certificates of insurance providing limits equal to or greater than insured.*

7. Expected percentage of alcohol sales for the event: \_\_\_\_\_ %

8. Is there a limit to the number of alcoholic beverages served to a patron at any one time?  Yes  No

9. Is liquor served in a fenced-off area (temporary or permanent)?  Yes  No

10. Is there a procedure for checking IDs of patrons entering the liquor-serving area?  Yes  No

**PACKAGE STORES/GROCERY STORES/CONVENIENCE STORES**

1. Do you have a drive-thru operation for the sale of alcohol?  Yes  No

2. Do you have internet sales?  Yes  No

3. Do you provide delivery service?  Yes  No

If yes, provide Hired and Non-Owned Auto Carrier policy number and limits: \_\_\_\_\_

4. Do you allow guns on site and/or armed security guards?  Yes  No

5. Hours of Operation: \_\_\_\_\_

6. Do you provide training on carding practices?  Yes  No

If yes, describe: \_\_\_\_\_

7. Is the establishment owned by a municipality?  Yes  No

If yes, provide name and address of municipality: \_\_\_\_\_

**EMPLOYEES**

1. Number of Employees:      Full Time:                                  Part Time:
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2. Do you require formal, industry recognized and certifiable professional training (such as TIPS, TAMS, TOPS) of all alcohol servers?     Yes     No
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3. Number of Bartenders:      Full Time:                                  Part Time:  
 Number of Servers:      Full Time:                                  Part Time:
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4. Any bouncers or security personnel?     Yes     No  
 Number of bouncers/security personnel employed:  
 Full Time:                                  Part Time:  
 Number contracted:                      Off-duty police:                      Uniformed Police:  
 Armed:                                  Unarmed:
- 
- If security is contracted, do you require proof of liability coverage?     Yes     No  
 Are you an additional insured on that policy?     Yes     No
5. Are weapons EVER allowed or kept on the premises?     Yes     No

**RISK MANAGEMENT**

1. Is training provided for bartenders and wait staff in the handling of minors and intoxicated customers?  
 Yes     No  
 If yes, describe:
- 
- Is training required for all bartenders and servers?     Yes     No  
 If no, indicate percentage that have training:                      %
2. Describe your alcohol service policy for serving intoxicated customers:
- 
- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 3. Are customers who appear under the age of 25 served without checking for identification for age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are patrons allowed to drink more than one drink at last call?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is staff trained on CPR and/or have First Aid training?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is training provided by employer?   | <input type="checkbox"/> | <input type="checkbox"/> |

**VIOLATION INFORMATION**

1. Within the past 5 years, has Applicant or any owner/partner/licensee had a liquor license revoked or suspended?  
 Yes     No      If yes, explain:
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2. Has any Applicant, within the past 5 years, been fined or cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)?     Yes     No  
 If yes, explain:

**PRIOR CARRIER AND LOSS HISTORY FOR PRIOR FIVE YEARS**

1. Do you currently carry General Liability insurance?     Yes     No  
 If yes, effective:    From:                                  To:  
 Insurer:                                  Limits:  
 Assault and Battery excluded?     Yes     No
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2. Do you currently carry Liquor Liability insurance?     Yes     No  
 If yes, form:     Claims-Made                       Occurrence  
 Insurer:                                  Limits:  
 Assault and Battery excluded?     Yes     No

3. Prior Carrier Information

Carrier	Premium	Policy Number	Effective Date

4. Claims Experience

In the past 5 years, has any owner, partner, member, officer or licensee had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not?  Yes  No

Date of Incident or Loss	Description of Loss	Amount of Claim or Loss*	Date Valued	Open or Closed

\*Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

5. Company Loss Run:  Attached  Has been requested and will be available prior to binding.  
 Not available  Has been requested but won't be available until after binding.

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

**[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)**

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

**FRAUD STATEMENTS**

**ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

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**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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**IMPORTANT NOTICE  
DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		

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