



SCOTTSDALE INSURANCE COMPANY®

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Liquor Liability Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name, Mailing Address, Location #1, Web Site Address, Complete a separate application for each location

Agency Name, Agent, Address, E-Mail, Phone

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

Table with 2 columns: Each Common Cause, Aggregate. Rows: \$, \$

PLEASE ANSWER ALL QUESTIONS

- 1. Type of risk: Bar/Tavern, Casino, Catering Service, Comedy Clubs, Convenience/Grocery Store, Drive-through Daiquiri Shop, Gentlemen's/Strip Clubs, Liquor Manufacturer/Microbrewery, Night Clubs, Other (Describe), Package Store, Restaurant, Wholesaler/Distributor
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?
4. Name on liquor license, Type of liquor license
5. Square foot area of establishment, (Maximum Occupancy)
6. Premises within city limits?
7. Have all servers been through any server training (tips, tops)?
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: \_\_\_\_\_