HAMILTON

Clear Form

# LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

**Required documents, in addition to this application:**

- ACORD Application
- Loss runs, dated within 60 days of submission, covering the past five years
- Copy of current liquor license
- Alcohol awareness training certificates for all alcohol-serving employees (where applicable)

## GENERAL INFORMATION

| | |
|---|---|
| **Legal name of Applicant** | |
| **Mailing Address:** | |
| **Primary Location Address:** | |
| **Website:** | |

| | |
|---|---|
| **1. Name on liquor license:** | |
| **2. Type of liquor license:** | |
| **3. Liquor license number:** | |
| **4. Liquor license expiration date:** | |

| | |
|---|---|
| **5. Liquor liability limits requested:** | |
| a. Each common cause: | $ |
| b. Aggregate: | $ |

| | |
|---|---|
| **6. Number of years in business under current ownership:** | |
| **7. Number of years at this location:** | |

## OPERATIONS

**8. Type of establishment:** (check all that apply)

| | | | |
|---|---|---|---|
| ☐ Bar/Tavern | ☐ Restaurant | ☐ Nightclub | ☐ Sports Bar |
| ☐ Bowling Alley | ☐ Hotel/Motel | ☐ Country/Golf Club | ☐ Brewery/Brewpub |
| ☐ Event Venue | ☐ Catering | ☐ Liquor Store | ☐ Grocery Store |
| ☐ Gentleman's Club | ☐ Distillery | ☐ Casino | ☐ Convenience Store |
| ☐ Banquet Hall | ☐ Other (please describe): | | |

| | |
|---|---|
| **9. Estimated annual gross receipts at this location:** | |
| a. Food | $ |
| b. Alcohol (beer, wine and liquor) | $ |
| c. Other (excluding food and alcohol) | $ |
| d. Total | $ |
| e. Percentage of alcohol receipts to total receipts | % |

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| 10. Hours of operation and hours of alcohol service: | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Hours** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Business Opens: | | | | | | | |
| Business Closes: | | | | | | | |
| Alcohol Service Begins: | | | | | | | |
| Alcohol Service Ends: | | | | | | | |

| 11. Capacity: | |
|---|---|
| a. Total seating capacity | |
| b. Maximum occupancy | |

| 12. Number of employees who serve or sell alcohol: | |
|---|---|
| a. Bartenders | |
| b. Servers | |

## CLIENTELE AND ENTERTAINMENT

| 13. Approximate age range of clientele: | | | |
|---|---|---|---|
| 21 to 25 | % | 26 to 30 | % |
| 31 to 40 | % | Over 40 | % |

| 14. Are patrons under the legal drinking age permitted on premises? If yes: | Yes ◯ | No ◯ |
|---|---|---|
| a. Are patrons under the legal drinking age permitted on the premises after 10:00 p.m.? | Yes ◯ | No ◯ |

| 15. Is there a college or university within five miles of the premises? | Yes ◯ | No ◯ |
|---|---|---|
| If yes, please provide the name: | | |

| 16. Entertainment offered: (check all that apply) | | | |
|---|---|---|---|
| ☐ None | ☐ Disc Jockey (DJ) | ☐ Live Music/Band | ☐ Karaoke |
| ☐ Comedy Acts | ☐ Trivia/Quiz Night | ☐ Adult/Exotic Dancing | ☐ Patron Games/Contests |
| ☐ Other (please describe): | | | |

| 17. Is dancing permitted on the premises? | Yes ◯ | No ◯ |
|---|---|---|

| 18. Amusement devices available to patrons: (check all that apply) | | | |
|---|---|---|---|
| ☐ None | ☐ Pool Tables | ☐ Dart Boards | ☐ Video/Electronic Games |
| ☐ Mechanical Bull | ☐ Other (please describe): | | |

| 19. Are patrons permitted to bring their own alcohol (BYOB) onto premises? | Yes ◯ | No ◯ |
|---|---|---|
| If yes, please explain: | | |

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## LIQUOR LIABILITY CONTROLS

| | | |
|---|---|---|
| **20. Are all alcohol-serving or alcohol-selling employees certified in a formal alcohol awareness training course (e.g., TIPS, TAM, ServSafe)?** | Yes ◯ | No ◯ |
| a. Name of course: | | |
| b. Frequency of recertification: | | |

| | | |
|---|---|---|
| **21. Does the applicant have written procedures for checking identification and preventing the sale or service of alcohol to minors or visibly intoxicated persons?** | Yes ◯ | No ◯ |
| a. Is identification checked at the door? | Yes ◯ | No ◯ |
| b. Is identification checked at the time alcohol is purchased? | Yes ◯ | No ◯ |
| c. Is an identification scanner used to verify the age of patrons? | Yes ◯ | No ◯ |
| Please describe procedures: | | |

| | | |
|---|---|---|
| **22. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?** | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **23. Does the applicant have procedures to arrange third-party transportation (e.g., taxi or rideshare) for intoxicated patrons?** | Yes ◯ | No ◯ |
| a. Does the applicant or any employee transport patrons in an owned, leased, hired or personal vehicle? | Yes ◯ | No ◯ |
| b. Does the applicant offer a designated driver program? | Yes ◯ | No ◯ |
| If yes to any, please explain: | | |

| | | |
|---|---|---|
| **24. Are persons other than the applicant and its employees permitted to serve alcohol on the premises (e.g., at banquets, private events or tastings)?** If yes: | Yes ◯ | No ◯ |
| a. Are they required to carry liquor liability insurance with limits equal to or greater than the applicant's limits? | Yes ◯ | No ◯ |
| b. Are they required to name the applicant as an additional insured? | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **25. Does the applicant sell or serve alcohol away from the premises?** If yes: | Yes ◯ | No ◯ |
| a. Annual off-premises alcohol receipts: | $ | |
| b. Is the applicant licensed to sell or serve alcohol off premises? | Yes ◯ | No ◯ |

## SECURITY

| | | |
|---|---|---|
| **26. Are security personnel (bouncers, doormen, off-duty police or contracted security) used?** If yes: | Yes ◯ | No ◯ |
| a. Type of security (inside/outside): | | |
| b. Are any security personnel armed? | Yes ◯ | No ◯ |
| c. Is security contracted to a third-party security firm? | Yes ◯ | No ◯ |
| d. If contracted, is a written agreement in place, and is a Certificate of Insurance (COI) obtained from the security firm? | Yes ◯ | No ◯ |

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| | | |
|---|---|---|
| **27. Are functioning surveillance cameras or other security monitoring systems used on the premises?** | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **28. Are there written procedures for handling violent or disruptive patrons?** | Yes ◯ | No ◯ |
| If yes, please describe: | | |

## INSURANCE, CLAIMS AND VIOLATIONS HISTORY

| | | |
|---|---|---|
| **29. Within the past five years, has the applicant's liquor liability coverage been cancelled or non-renewed?** | Yes ◯ | No ◯ |
| If yes, please explain: | | |

| | | |
|---|---|---|
| **30. Within the past five years, has the applicant's liquor license been suspended or revoked?** | Yes ◯ | No ◯ |
| If yes, please explain: | | |

| | | |
|---|---|---|
| **31. Has the applicant, or any principal with a controlling interest in the applicant, filed for bankruptcy within the past five years?** | Yes ◯ | No ◯ |
| If yes, please explain: | | |

**32. Within the past five years, has the applicant had any liquor liability or assault and battery claims, or is the applicant aware of any incident that may give rise to such a claim?** If yes, complete the following: Yes ◯ No ◯

| Date of Loss | Coverage Type (Liquor or A&B) | Description of Loss | Paid | Reserved | Status (Open/Closed) |
|---|---|---|---|---|---|
| | | | $ | $ | |
| | | | $ | $ | |
| | | | $ | $ | |

**33. Within the past five years, has the applicant received any fines, violations or citations related to the sale or service of alcohol?** If yes, complete the following: Yes ◯ No ◯

| Date of Violation | Description of Violation | Measures Taken to Prevent Future Violations |
|---|---|---|
| | | |
| | | |
| | | |

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection, California law requires the following to appear on this

form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS**: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS**: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS**: 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS**: Any person who knowingly and with intent to defraud an 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 $5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS**: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS**: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** 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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**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

**Applicant Signature** _____ **Title:** _____

(Must be signed by an owner, principal, partner or officer) **Date:** _____