



**LIQUOR LIABILITY APPLICATION**

New     Renewal    If a renewal, provide the expiring policy number: \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

1. Policy Period:            From: \_\_\_\_\_ To: \_\_\_\_\_

2. Limit Requested:     \$100,000     \$300,000     \$500,000     \$1,000,000

3. Name of Applicant (show all names, including legal & dba's): \_\_\_\_\_  
\_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. Location Address: \_\_\_\_\_  
\* If there is more than one location, complete the ALA-101 – Additional Location Supplement.

6. Phone Number: (        )                      Fax Number: (        )

7. Website Address: (                      )    E-Mail Address: (                      )

8. Name/Title of person to contact for inspection/audit: \_\_\_\_\_  
Phone Number: (        )

9. Applicant is:     Individual     Partnership     Corporation     Other \_\_\_\_\_  
Years in business: \_\_\_\_\_    Prior experience of owner: \_\_\_\_\_

10. Does Applicant have a valid liquor license?  Yes     No  
Type of license: \_\_\_\_\_    Name on license: \_\_\_\_\_

Has liquor license ever been revoked?  Yes     No    Suspended?  Yes     No  
Details: \_\_\_\_\_

Within the past 5 years, has Applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol?  Yes     No  
If yes, provide date(s) and details of citation(s): \_\_\_\_\_  
\_\_\_\_\_

11. Type of Customers:     Area Residents                       Area Workers                       Tourists  
    College/University                       Other

12. Type of Business (check all that apply)  
 Bar/Tavern (75% or more liquor sales)                       Restaurant (26% to 74% liquor sales)  
 Restaurant (25% or less liquor sales)                       Convenience/Liquor Store  
 Bowling Alley     Comedy Club  
 Dance Hall/Ballroom     Catering/Hall Rental \*\*  
 Special Event/Fair/Exhibition \*                                      \*\* Catering/Hall Rental Supplement  
\* Special Events Supplement                                      ALA-103 is required  
ALA-102 is required.     Private Club  
 Other (specify) \_\_\_\_\_

13. Does Applicant sell or serve alcohol away from the premises?  Yes  No
14. Amusement devices and/or sports facilities?  Yes  No  
Description: \_\_\_\_\_
15. Does Applicant have entertainment?  Yes  No How often? \_\_\_\_\_  
If yes, check ALL that are applicable:  
 DJ  Karaoke  Band  Adult Entertainment  
 Other:  
Does Applicant have:  
 Dancing? No. of days per week? \_\_\_\_\_ Size of dance floor (sq. ft.) \_\_\_\_\_  
 Happy Hour?  BYOB? Describe promotions: \_\_\_\_\_  
Type of music:  Top 40  Country  Classic Rock & Roll  Soft Rock  Jazz  
 Other (Describe): \_\_\_\_\_
16. Does Applicant allow any of the following?  
 Pyrotechnics  Fireworks  Lasers  Bubble/Soap parties  Mud Wrestling
17. Hours of operation: \_\_\_\_\_ Mon-Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun
18. Number of bouncers or doorpersons employed: \_\_\_\_\_
19. Are firearms permitted or kept on premises?  Yes  No
20. Are facilities available for banquets, receptions or private parties?  Yes  No  
If yes, how many functions are handled annually? \_\_\_\_\_  
Describe types: \_\_\_\_\_
21. Are all alcohol-serving employees certified in a Formal Alcohol Training Course?  
 Yes  No If yes, provide name of the course (i.e.: TIPS, TAM, RAMP, BEST, etc): \_\_\_\_\_  
If no, describe training provided: \_\_\_\_\_
22. a. Gross Annual Receipts
- |             | Past 12 Months | Next 12 Months |
|-------------|----------------|----------------|
| Food        | \$ _____       | \$ _____       |
| Alcohol     | \$ _____       | \$ _____       |
| Other       | \$ _____       | \$ _____       |
| (Describe): | _____          |                |
- b. If Applicant engages in the sale of alcoholic beverages for on-premises or off-premises consumption, provide a breakdown:
- |         | On-Premises | Off-Premises |
|---------|-------------|--------------|
| Food    | \$ _____    | \$ _____     |
| Alcohol | \$ _____    | \$ _____     |
23. Does Applicant carry General Liability Insurance:  Yes  No  
If yes, effective From: \_\_\_\_\_ To: \_\_\_\_\_ Insurer: \_\_\_\_\_  
Limits: \_\_\_\_\_ Assault & Battery Excluded:  Yes  No
24. Previous Liquor Liability Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_  
Premium: \_\_\_\_\_ Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

25. Loss History: Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims:

Check here if none    See attached loss history

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
					<input type="checkbox"/> Open
					<input type="checkbox"/> Closed
					<input type="checkbox"/> Open
					<input type="checkbox"/> Closed

**PLEASE READ THE FOLLOWING CAREFULLY**

**VIRGINIA, TENNESSEE FRAUD STATEMENT**

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.

**ARIZONA FRAUD STATEMENT**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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

**CALIFORNIA FRAUD STATEMENT**

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO FRAUD STATEMENT**

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.

**DISTRICT OF COLUMBIA FRAUD STATEMENT**

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.

**IDAHO FRAUD STATEMENT**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**INDIANA FRAUD STATEMENT**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **KENTUCKY FRAUD STATEMENT**

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.

### **LOUISIANA FRAUD STATEMENT**

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 a denial of insurance benefits.

### **MAINE FRAUD STATEMENT**

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 a denial of insurance benefits.

### **NEW JERSEY FRAUD STATEMENT – APPLICATION**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **NEW MEXICO 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 is Guilty of a crime and may be subject to civil fines and criminal penalties.

### **OHIO FRAUD STATEMENT**

Any person who, with intent to defraud or knowing that he 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.

### **OKLAHOMA FRAUD STATEMENT**

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.

### **OREGON FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

### **PENNSYLVANIA FRAUD STATEMENT**

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.

### **VERMONT 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.

**FRAUD STATEMENT (All other states)**

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.

The undersigned authorized representative of the Applicant declares that (1) the statements set forth herein are true, (2) if the information supplied on this application changes between the date of this application and the effective date of the insurance, the undersigned will immediately notify us of such changes, and we may withdraw or modify any outstanding quotations and/or agreement to bind insurance.

Should any statements in this application be false or fraudulent, we may void your policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Retail Agency Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date