



TOKIO MARINE  
SPECIALTY

**People's United  
Insurance Agency**  
*A subsidiary of People's United  
Bank*

### Liquor Liability Application

Must be completed in full and signed by applicant.

New Renewal of Policy Number: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

**INSURED INFORMATION** If more than one location, please complete and attach supplemental application.

1. Name of applicant (show all names including legal and dba): \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Location Address: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Any Patrons on other floors?: Yes No

What are other floors used for?: \_\_\_\_\_

Second Floor Capacity: \_\_\_\_\_ Describe 2<sup>nd</sup> floor exits: \_\_\_\_\_

4. Website address: \_\_\_\_\_

5. Name and phone number of contact person: \_\_\_\_\_

6. The applicant is: Individual Partnership Corporation Other (describe) \_\_\_\_\_

Does applicant have valid liquor license? Yes No License #: \_\_\_\_\_

Name on license: \_\_\_\_\_

7. Previous liquor liability carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

8. Name of General Liability Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Policy Limits: Occurrence: \_\_\_\_\_ Aggregate: \_\_\_\_\_ Does GL exclude Assault & Battery? Yes No

9. Within the past 5 years;

a. Has applicant's liquor coverage been cancelled or non-renewed? Yes No

b. Has applicant's liquor license ever been suspended or revoked? Yes No

c. Has applicant or any owner, officer or partner filed bankruptcy? Yes No

**If yes to questions 9. a, b or c please explain:** \_\_\_\_\_

\_\_\_\_\_

10. Type of business (check all that apply):

Bar/Tavern Retail/Take Out/Package/Convenience Store Private/Fraternal/Country Club

Bowling Alley Gas No Gas Members only? Yes No

Billiard/Pool Hall Adult Night Club or Bar Restaurant Catering/Banquet Hall

Off-Premises Caterer Concessionaire Casino Other (describe): \_\_\_\_\_

**PREMIUM BASIS**

11. a) Gross annual receipts for consumption on premises:

	<b>Past 12 Months</b>	<b>Next 12 Months</b>	
Food:	\$ _____	\$ _____	Describe other: _____
Alcohol:	\$ _____	\$ _____	
Other:	\$ _____	\$ _____	

b) If applicant sells liquor for off premises consumption (over the counter), or sells liquor off premises (catering) please provide those receipts here:

	<b>Off Premise</b>
Food:	\$ _____
Alcohol:	\$ _____
Other:	\$ _____

c) Desired Limits: Each Common Cause: \_\_\_\_\_ Aggregate: \_\_\_\_\_

**CLAIMS/VIOLATIONS Please attach 5 years of currently valued loss information if applicable.**

12. Within the last 5 years;
- a. Has applicant been fined or cited by violations related to illegal activities or the sale or service of alcohol?  Yes  No
  - b. Has applicant had any reported liquor liability claims or notification of potential liquor liability claims?  Yes  No
  - c. Has the applicant had any reported claims or notification of potential claims related to Assault & Battery?  Yes  No
13. Is the applicant aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against the applicant?  Yes  No
- If yes to questions 12 a., b., c. or 13, please provide details, date(s) of citations, status and description of claim(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEES/MANAGEMENT & PROCEDURES**

14. Are all alcohol serving employees certified in a formal alcohol training course?  Yes  No  
If yes, provide name of course (e.g., TIPS, TAM, RAMP, BEST, etc.) \_\_\_\_\_
15. How long has current owner been in business at this location? \_\_\_\_\_
16. a. How many years has Manager worked at this establishment? \_\_\_\_\_ b. Hours full time Manager is on duty: \_\_\_\_\_  
If three years or less for questions 15 & 16 a, please describe prior experience in this type of business: \_\_\_\_\_  
\_\_\_\_\_
17. How many days per week is location open? \_\_\_\_\_
18. Hours of operation: Mon.-Thurs.: \_\_\_\_\_ Fri.: \_\_\_\_\_ Sat.: \_\_\_\_\_ Sun.: \_\_\_\_\_
19. Are employees permitted to consume alcohol during their hours of employment?  Yes  No
20. What is the distance to the nearest college campus? \_\_\_\_\_
21. What is the average age of patrons?  Under 21  21-25  26-30  31-40  41+
22. Does applicant offer Happy Hour or other Promotional Events?  Yes  No  
**If yes, describe type of drink, prices and time offered:** \_\_\_\_\_  
\_\_\_\_\_
23. Does applicant offer:
- Multiple drink incentives (i.e., 2 for 1, every 3<sup>rd</sup> drink is free, etc.)?  Yes  No
  - Complimentary drinks or "all you can drink" specials?  Yes  No
  - Are flaming or ignited drinks served?  Yes  No
24. What is the average cost of beer/wine/mix drinks? Beer \_\_\_\_\_ Wine Bottle \_\_\_\_\_ Wine Glass \_\_\_\_\_ Mix Drinks \_\_\_\_\_
25. Does applicant permit "BYOB" or set-ups?  Yes  No If yes, explain: \_\_\_\_\_
26. Seating capacity in dining room: \_\_\_\_\_ Bar area: \_\_\_\_\_ ever been cited for over crowding?  Yes  No
27. Are persons under the legal drinking age allowed on premises after 10 p.m.?  Yes  No
28. Are bouncers or door persons employed?  Yes  No
29. Are Security Guards employed?  Yes  No  
If yes, are they: Armed?  Yes  No Off Duty Police?  Yes  No
30. Are background checks done on the security staff?  Yes  No
31. Is there an establishment procedure for handling violent or disruptive patrons?  Yes  No
32. Are any actions taken to prevent obviously intoxicated persons from driving?  Yes  No
33. Do you provide 3<sup>rd</sup> party transportation i.e. cabs?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
34. What steps are taken to avoid selling or serving alcohol to persons under age? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF RISK & ENTERTAINMENT**

35. Does applicant feature any entertainment or other promotional events?  Yes  No If yes, how often? \_\_\_\_\_

Is there a cover charge?  Yes  No If yes, how much? \_\_\_\_\_

Entertainment is:

DJ  Karaoke  Solo Vocalist  Foam Party  Band  Pyrotechnic  Comedy Club

Stage/Floor show, contests or other promotional events (describe): \_\_\_\_\_

Describe type of music:

Top 40s/pop  Classic Rock  Soft Rock  Alternative  Country

Jazz  R&B  RAP  Other: \_\_\_\_\_

36. a. Is there a dance floor?  Yes  No If yes, square footage: \_\_\_\_\_

b. Any raised or elevated dancing areas?  Yes  No If yes, describe: \_\_\_\_\_

37. Are there amusement devices on premises?  Yes  No If yes, describe: \_\_\_\_\_

38. a. Are facilities available for banquets, receptions, weddings, private affairs, etc.?  Yes  No

If yes, how many functions are handled annually? \_\_\_\_\_ Describe types: \_\_\_\_\_

b. Describe who is dispensing the alcohol: \_\_\_\_\_

**FRAUD STATEMENT:** A 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.

**WARRANTIES:** I/we warrant the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent. I/we warrant that premises liability coverage will be maintained at limits at least equal to the liquor liability limits during the entire term of the liquor policy. I/we agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the period of coverage, it requested.

Signature of Applicant\*\* \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Must be owner, officer or partner) (Required) (Required)

\_\_\_\_\_  
Signature of Producing Agent\*\* Date

\*Signing this application does not require the insurer to issue a policy of insurance or require the applicant to accept the insurance offered.

\*\* The undersigned hereby warrants and certifies that all information contained herein is correct; That this form was completed and then signed by the insured/applicant; That a completed copy hereof has been given to the insured/applicant; and that I am retaining a duplicate signed copy hereof.

Producing Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



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