

# LEVELFIRST

An Independent Insurance Agents of Texas Company

## LIQUOR LIABILITY PRODUCT APPLICATION

### GENERAL APPLICATION INFORMATION

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address of primary contact \_\_\_\_\_

Website address \_\_\_\_\_ Phone number \_\_\_\_\_

Inspection contact name \_\_\_\_\_ Phone number \_\_\_\_\_

Number of locations to be insured (complete one application per location) \_\_\_\_\_

Location address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### TYPE OF ENTITY

Individual     Partnership     Corporation     LLC     Non-Profit Corporation

Other (describe) \_\_\_\_\_

### DESCRIPTION OF OPERATIONS

- Bar/Tavern                       Restaurant                       Country Club                       Nightclub
- Private Fraternal Club         Pool/Billiard Hall               Adult Club/Strip Club         Banquet/Catering Hall
- Bowling Alley                   BYOB Restaurant               Comedy Club/Dinner Theater
- Off Premises Caterer         Off Premises Bartending Service
- Retail/Convenience/Liquor Store     Wholesale Distributor
- Unlicensed Risk (describe) \_\_\_\_\_
- Other (describe) \_\_\_\_\_

### DESIRED LIQUOR LIABILITY LIMITS

- \$100,000/\$200,000     \$300,000/\$300,000     \$300,000/\$600,000     \$500,000/\$500,000
- \$500,000/\$1,000,000     \$1,000,000/\$1,000,000     \$1,000,000/\$2,000,000

### GENERAL UNDERWRITING INFORMATION & ELIGIBILITY

List Alcohol and Food Receipts:

On-premises alcohol sales: \$ \_\_\_\_\_      On-premises food sales: \$ \_\_\_\_\_

Retail alcohol sales to public for off-premises consumption: \$ \_\_\_\_\_

Off-premises alcohol catering sales: \$ \_\_\_\_\_

Wholesale alcohol sales: \$ \_\_\_\_\_      Other (describe): \_\_\_\_\_

1. Does applicant have a valid liquor license?                       Yes     No
2. Does applicant ever use a bouncer, security or door-person?                       Yes     No
3. Does risk feature adult entertainment, such as exotic dancing?                       Yes     No

4. List types of entertainment and how often featured:

- Band (other than jazz/instrumental) \_\_\_\_\_ times per week \_\_\_\_\_ times per year
- DJ \_\_\_\_\_ times per week \_\_\_\_\_ times per year
- Other (describe) \_\_\_\_\_ times per week \_\_\_\_\_ times per year

5. Is band or DJ entertainment featured every night risk is open?  Yes  No

6. Is applicant a private fraternal or civic club? If yes:  Yes  No

- Is self-service or BYOB by members permitted?  Yes  No
- If located in Pennsylvania, does applicant have special license allowing them to stay open until 3:00AM?  Yes  No
- Does club offer same day memberships?  Yes  No
- Are members allowed to bring more than 3 guests per day (does not include immediate family members or banquet events)?  Yes  No
- Does club offer any drinks for less than \$.50?  Yes  No

7. If licensed, does applicant allow BYOB (other than banquets), bottle service or setups?  Yes  No

8. Is BYOB permitted at banquets?  Yes  No

- If yes, does applicant or applicant's employees serve the alcohol OR require that the lessee carry liquor liability insurance?

9. For retail store operations:  Yes  No

- Is on-premises tasting or sampling of alcohol offered?  Yes  No
- Is delivery of alcohol provided to customers?  Yes  No

10. For adult clubs/strip clubs and nightclubs:

- List number of years of experience applicant has owning or managing the same type of operation \_\_\_\_\_
- List number of years in business under same owner or manager \_\_\_\_\_

11. What is the latest hour the applicant will ever stay open? \_\_\_\_\_  AM  PM

12. What time does the sale or service of alcohol stop? \_\_\_\_\_  AM  PM

13. Is applicant aware of any fines, violations or citations for sale or service of alcohol in the past 5 years? If yes, complete the following:  Yes  No

Date of Violation	Type of Violation	Action taken to prevent future violations

14. Has the applicant had any reported liquor liability and/or assault & battery claims or notification of potential liquor liability and/or assault & battery claims within the past 5 years? If yes, complete the following:  Yes  No

Date of Loss	Description of Loss	Open/Closed?	Amount Paid	Reserve Amount

15. Does the applicant offer drink specials after 10:00 PM?  Yes  No
16. Does the applicant sell beer for less than \$1.00, and/or wine liquor for less than \$1.50?  Yes  No
17. Is the applicant a Fine Dining restaurant with typical entrée prices greater than \$20, bottles of wine priced an average of \$30 each, and at least ten or more bottles of wine offered on the menu?  Yes  No
18. Does the applicant sell beer and wine only? (not applicable to retail stores)  Yes  No
19. Does the applicant require all alcohol servers receive certification in a formal Alcohol Training Course not required by the state?  Yes  No  
If yes, please list name of formal training course: \_\_\_\_\_

20. Does applicant use an electronic ID scanner?  Yes  No
21. Does the applicant use functional and operational surveillance cameras inside the establishment?  Yes  No

22. List any additional insureds that are needed:

Name	Interest	Mailing Address

\*Additional Insured–Liquor License Holder will be included automatically

23. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months?  Yes  No
24. Is applicant a franchisee?  Yes  No
25. Are any persons (including employees, temporary workers, leased workers, entertainers or performers) permitted to consume alcohol during their hours of employment or service?  Yes  No
26. Does or will the applicant ever offer:  Yes  No
- Beer pong or other types of drinking games?  Yes  No
  - “All you can drink” specials or similar offers of unlimited alcoholic beverages?  Yes  No
27. Are patrons under the legal drinking age permitted on the premises (except for retail stores, banquet halls or caterers)?  Yes  No
- If yes, are patrons under the legal drinking age permitted on the premises after 11PM?  Yes  No
28. Does the applicant hire independent contractors to sell or serve alcohol?  Yes  No
- If yes, does applicant mandate that all independent contractors that sell or serve alcohol maintain their own liquor liability coverage at equal or greater limits, and name the applicant as an additional insured on the independent contractor’s liquor liability policy?
29. Does the applicant maintain general liability insurance at limits equal or greater than the applicant’s liquor liability limits?  Yes  No
30. Within the past five years, has the applicant’s liquor liability coverage been cancelled or non-renewed for reasons other than prior carrier no longer writing any liquor liability coverage?  Yes  No
- If yes, please provide reason \_\_\_\_\_

**COMPLETE IF APPLICABLE**

31. For Unlicensed Banquet Hall/Unlicensed Caterer/Unlicensed Bartending Service:

- List total number of annual events involving alcohol: \_\_\_\_\_
- List average attendance at all events: \_\_\_\_\_
- Will the applicant ever do business in any of the following states: Alabama, Alaska, Illinois, Louisiana, Mississippi, Rhode Island or West Virginia?  Yes  No

32. For BYOB (Bring Your Own Bottle) Restaurant:

- Are only beer and wine permitted for BYOB?  Yes  No
- Does the wait staff actively monitor all alcohol consumption and request valid ID from all patrons?  Yes  No

33. For Charter Boat/Dinner Cruise operations:

- Does vessel operate in U.S. territory waters only?  Yes  No
- Will the vessel navigate in waters off the coast of any of the following states: Alabama, Alaska, Illinois, Louisiana, Mississippi, Rhode Island or West Virginia?  Yes  No
- Does applicant carry Protection and Indemnity coverage at limits equal to or greater than liquor liability limits?  Yes  No

34. For Unlicensed Miscellaneous - Host Exposure:

- Describe the operation in detail: \_\_\_\_\_  
\_\_\_\_\_
- Are more than two complimentary drinks offered per patron?  Yes  No
- Does the staff actively monitor all alcohol consumption and request valid ID from all patrons?  Yes  No

Applicant's Signature: \_\_\_\_\_  
(Owner, Officer or Partner)

Title: \_\_\_\_\_  
(Required)

Date: \_\_\_\_\_  
(Required)