

# Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060  
 Phone: (800) 752-8402 • Fax: (317) 776-6891  
 www.roushins.com • Email: quote@roushins.com

## LIQUOR LIABILITY APPLICATION

Complete a separate application for each location.

Applicant's Name: _____ _____ Mailing Address: _____ _____ Location Address: _____ _____ Website Address: _____	Agency Name: _____ Agent: _____ Address: _____ _____ E-Mail: _____ Phone: _____
---	--

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

**Inspection Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**  Individual     Corporation     Partnership     Joint Venture  
 Limited Liability Company     Other (Specify): \_\_\_\_\_

Limits of Liability Requested	
Each Common Cause	Aggregate
\$	\$

**1. Classification of risk:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Arena/Stadium                 | <input type="checkbox"/> Auditorium                    | <input type="checkbox"/> Banquet Hall                |
| <input type="checkbox"/> Bar/Tavern                    | <input type="checkbox"/> Bartender/Liquor service only | <input type="checkbox"/> Bowling Alley               |
| <input type="checkbox"/> Casino/Gaming                 | <input type="checkbox"/> Catering Service              | <input type="checkbox"/> Comedy Club                 |
| <input type="checkbox"/> Concession Stand              | <input type="checkbox"/> Convenience Store             | <input type="checkbox"/> Drive-through Daiquiri Shop |
| <input type="checkbox"/> Exercise & Health Studio      | <input type="checkbox"/> Exhibit Hall                  | <input type="checkbox"/> Fairground                  |
| <input type="checkbox"/> Gentlemen's/Strip Club        | <input type="checkbox"/> Grocery Store                 | <input type="checkbox"/> Hotel/Motel                 |
| <input type="checkbox"/> Liquor Distributor/Wholesaler | <input type="checkbox"/> Liquor Manufacturer/Brewery   | <input type="checkbox"/> Liquor/Package Store        |
| <input type="checkbox"/> Microbrewery                  | <input type="checkbox"/> Nightclub                     | <input type="checkbox"/> Restaurant                  |
| <input type="checkbox"/> Social Club                   | <input type="checkbox"/> Special Event                 | <input type="checkbox"/> Sports Field                |
| <input type="checkbox"/> Winery                        | <input type="checkbox"/> Other (Describe): _____       |  |

2. Are patrons allowed to bring their own alcoholic beverages? .....  Yes  No
3. Has applicant ever been assessed a fine for violation of a law concerning the sale of alcohol, or had their liquor license suspended/revoked? .....  Yes  No  
If yes, when and why? \_\_\_\_\_
- 
4. Name on liquor license: \_\_\_\_\_ Type of liquor license: \_\_\_\_\_
5. Estimated liquor receipts: ..... \$ \_\_\_\_\_  
Other receipts: ..... \$ \_\_\_\_\_
6. Average price for:  
Beer ..... \$ \_\_\_\_\_  
Wine ..... \$ \_\_\_\_\_  
Liquor ..... \$ \_\_\_\_\_
7. Percentage of receipts for on-premises consumption: ..... %
8. Percentage of receipts for off-premises consumption: ..... %
9. Estimated food receipts: ..... \$ \_\_\_\_\_
10. Percentage of liquor receipts to total receipts: ..... %
11. How many years has the applicant been in business? .....
12. How many years has the applicant been at this location? .....
13. Premises within city limits? .....  Yes  No
14. Square foot area of establishment: \_\_\_\_\_ (Maximum Occupancy: \_\_\_\_\_)
15. How many days per week is the location open? .....
16. What time does the location close? \_\_\_\_\_ Hours of serving: \_\_\_\_\_
17. Number of servers? .....
18. Have all servers been through alcohol awareness server training (i.e., TIPS, TOPS)? .....  Yes  No  
Type of course: .....  
How often required? .....  
Ride home policy? .....  Yes  No
19. How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? .....  Yes  No
20. Are procedures in place regulating the sale of alcohol to minors and those under the influence?  Yes  No  
If yes, describe: \_\_\_\_\_  
How is age of customer verified? \_\_\_\_\_
21. Type of clientele:  Area Residents  Area Workers  Tourists  College  Other: \_\_\_\_\_
22. Percent of clientele:  
25 & under ..... %  
26-30 ..... %  
Over 30 ..... %
23. Type of area:  Industrial or Commercial  Residential  Rural  Other: \_\_\_\_\_  
Located on or near college campus? .....  Yes  No

24. **Is there an entrance fee or cover charge?** .....  Yes  No  
If yes, what is the amount? ..... \$ \_\_\_\_\_

25. **Does applicant 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

26. **Any internet or mail order liquor sales?** .....  Yes  No

**27. Security Activities:**

Security provided (check all applicable):

- Bouncers       Doormen       Off Duty Police       Contracted Security Guards  
 Inside       Outside       Armed       Unarmed  
 Other—Describe: \_\_\_\_\_

Any firearms kept or carried on the premises? .....  Yes  No

28. **Are there procedures for handling violent or disruptive patrons?** .....  Yes  No  
If yes, describe: \_\_\_\_\_

**29. Types of entertainment activities:**

- Darts       DJ       Exotic Dancing       Jukebox       Karaoke       Pinball Machine  
 Dance Floor ..... Size: \_\_\_\_\_  
 Electronic Games ..... Type: \_\_\_\_\_  
 Live Entertainment ..... Type and how often: \_\_\_\_\_  
 Mechanical Devices ..... Type: \_\_\_\_\_  
 Pool Table(s) ..... Number: \_\_\_\_\_  
 Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.): \_\_\_\_\_

Special Promotions .....  Yes  No  
If yes, describe: \_\_\_\_\_

**30. Gentlemen's/Strip 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:**

Are tours of facility provided? .....  Yes  No  
Are 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

**34. Additional Insured Information:**

Name	Address	Interest

**35. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant?** (Not applicable in Missouri) .....  Yes  No  
 If yes, explain: \_\_\_\_\_

**36. Prior Carrier Information:**

	Year:	Year:	Year:
<b>Carrier</b>			
<b>Policy No.</b>			

**37. Loss History:**

Indicate all Liquor Liability claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  Check if no losses in the last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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.

**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. **(Not applicable to Oregon.)**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.