

# ASHLAND LIQUOR LIABILITY APPLICATION

COMPLETE A SEPARATE APPLICATION FOR EACH LOCATION

## WARRANTY APPLICATION

**INSTRUCTIONS: ALL QUESTIONS MUST BE ANSWERED. THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER. READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.**

1. Name of applicant: \_\_\_\_\_
2. DBA: \_\_\_\_\_
3. Mailing address: \_\_\_\_\_
4. Physical address: \_\_\_\_\_
5. Applicant is:  Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_
6. Name on liquor license: \_\_\_\_\_
7. How long has current owner been in business at this location? \_\_\_\_\_  
If 3 years or less, describe prior experience: \_\_\_\_\_
8. Has owner, partner or officer filed bankruptcy in the past 5 years?  Yes  No  
If yes, explain: \_\_\_\_\_
9. Location is:  Convenience store  Restaurant  Bar / Tavern  
 Package Store  Country Club  Hotel / Motel  
 Grocery Store  Fraternal Club  Caterer  
 Distributor  Private Club  Special Event  
 Other (Explain) \_\_\_\_\_
10. Type(s) of license:  On - Premises  Off - Premises  Beer  Wine  Liquor
11. Hours of operation: Mon. – Thur. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_
12. Type of area:  Commercial  Industrial  Downtown  Rural  
 Residential  Suburban  Campus  Other \_\_\_\_\_
13. Annual Receipts:

	Past 12 Months	Estimated Next 12 Months
Alcohol:	\$ _____	\$ _____
Food:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
14. Do you feature any entertainment?  Yes  No  
If Yes: A. How many times per week? \_\_\_\_\_  
B. Type of entertainment:  
 Live Music  Comedy show  Juke Box  Pool Tables  
 Disc Jockey  Stage / Floor Shows  Pinball  Shuffleboard  
 Karaoke  Nude Dancers  Video Games  Mechanical Rides  
C. Type of musical entertainment:  
 Top 40  Classic Rock  Jazz  Alternative  
 R & B  Soft Rock  Rap  Country  
 Other \_\_\_\_\_  
D. Is dancing permitted?  Yes  No  
E. Is there a dance floor?  Yes  No  
Area of dance floor: \_\_\_\_\_ sq. ft.  
Total area of premises: \_\_\_\_\_ sq. ft.
15. What is the average age of the patrons?  Under 21  21-25  26-30  31 +
16. Is establishment frequented by a college crowd?  Yes  No
17. Do you charge a minimum or cover charge?  Yes  No
18. Do you have bouncers and / or door-people?  Yes  No
19. Are the facilities available for banquets or receptions?  Yes  No  
If yes: How many functions annually? \_\_\_\_\_ Describe \_\_\_\_\_
20. Are all alcohol-serving employees certified in an Alcohol Training Course?  Yes  No  
If yes, provide name of course (i.e.: Tips, Tam, Ramp, Best, etc.) \_\_\_\_\_
21. Are the operations seasonal?  Yes  No  
If yes, what is the season? From \_\_\_\_\_ To \_\_\_\_\_
22. Does the applicant engage in off-premises sales or service of alcohol?  Yes  No
23. Are guns permitted or kept on the premises?  Yes  No
24. Are employees permitted to consume alcohol on the job?  Yes  No

25. Does the applicant have any drink specials? (i.e.: 2 for 1, happy hour, etc.)  Yes  No  
If yes, describe type, days & times. \_\_\_\_\_
26. Does applicant offer complimentary drinks?  Yes  No  
If yes, explain. \_\_\_\_\_
27. Does the applicant permit "BYOB" (bring your own bottle)?  Yes  No  
If yes, explain. \_\_\_\_\_
28. If a Bar/Tavern, are persons under legal drinking age permitted on premises?  Yes  No  
If yes, explain. \_\_\_\_\_
29. Within the last 3 years, has the applicant and/or employee of the applicant's establishment been "fined or cited" for violations of law or ordinance related to illegal activities or the sale of alcohol?  Yes  No  
If yes, provide details and dates. \_\_\_\_\_
30. Within the last 3 years, has the applicant had any Liquor Liability Claims?  Yes  No  
If yes, provide details, dates and status. \_\_\_\_\_
31. Within the last 3 years, has the applicant had any Assault & Battery Claims?  Yes  No  
If yes, provide details, dates and status. \_\_\_\_\_
32. Has the applicant's liquor coverage ever been Cancelled or Non-Renewed?  Yes  No  
If yes, explain. \_\_\_\_\_
33. List general liability insurer: Year \_\_\_\_\_ Company \_\_\_\_\_ Limits \_\_\_\_\_
34. List liquor liability insurer(s) for last 3 years. Was the last policy on a Claims-Made form?  Yes  No
- | Year           | Company        | Limits         | Policy #       | Premium        |
|----------------|----------------|----------------|----------------|----------------|
| ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
- List any losses (insured or uninsured) for the last 3 years.
- | YEAR           | DECRPTION OF LOSS | AMOUNT PAID OR RESERVED |
|----------------|-------------------|-------------------------|
| ____/____/____ | ____/____/____    | ____/____/____          |
| ____/____/____ | ____/____/____    | ____/____/____          |
35. Do you have any knowledge of any injury or accident, which might have been caused by serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application?  Yes  No  
If yes, explain in detail including name of injured party & date of incident. \_\_\_\_\_

**REQUESTED POLICY TERM: FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**REQUESTED LIMITS (in thousands):**  100/100  300/300  500/500  1,000/1,000

**Name of person who keeps the books:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Additional insured information:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Insurable interest:** \_\_\_\_\_

**Fraud statement:** Any person who knowingly and with the 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 fact material thereto, 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 stated value of the claim for each such violation.

**Warranties:** I/we warrant that 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, or would materially affect acceptance of the 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, if required.

**Signature of Producer** \_\_\_\_\_ **Agency** \_\_\_\_\_  
**Applicant (Print Name)** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Applicant** \* \_\_\_\_\_ **Title** \_\_\_\_\_  
(must be owner, partner or officer) (required)

\*SIGNING THIS APPLICATION DOES NOT BIND APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE