

SHORT FORM RENEWAL APPLICATION FOR LIQUOR LIABILITY INSURANCE

Centrex Liquor Liability Program

EXPIRING POLICY NUMBER: _____

EXPIRATION DATE: _____

If your business has not changed in the past year, this Short Form Renewal Application is for you!

Before completing this application, please confirm that the following have not changed in the past year: the type or description of your business operations, the type or average age of your customers, the percent of your customers who arrive and depart by car, your closing time, dancing and/or size of dance floor, the type or frequency of entertainment, alcohol promotions (happy hour, ladies night, etc.), closing times, the type of your liquor license, locations added, closed or moved, professional trade association membership, seating capacity, your mailing address, additional insured information, drive-thru alcohol sales, # of bouncers, or any other similar type of change.

APPLICANT'S SIGNATURE BELOW CONFIRMS NO CHANGES IN THE ABOVE UNLESS A SEPARATE SHEET IS ATTACHED EXPLAINING ALL CHANGES IN THE PAST YEAR.

(IF ANY CATERING OR HALL RENTAL OPERATIONS, PLEASE ATTACH THE HALL RENTAL/CATERERS SUPPLEMENT)

The Limit of Liability offered will be the same as in the expiring policy unless indicated here: \$ _____

1) Name of Applicant: _____

2) Provide Applicant's estimated annual receipts for food & alcoholic beverages (liquor, beer & wine) below:
On-Premises alcohol consumption (restaurant, bar, club, etc.) receipts: \$ _____
Off-Premises take out (package, convenience/grocery store, etc.) alcohol receipts: \$ _____
food receipts: \$ _____

3) Is any training provided for bartenders and waiters/waitresses in the handling of minors and intoxicated customers? Yes No
If Yes, describe: _____
Is such training required of all bartenders & servers? Yes No If No, what % had training: _____%

4) In the past 5 years, has Applicant or any owner, partner, member, officer or licensee had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not? Yes No If yes, how many claims or incidents? _____ Give details below

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A			\$	\$		
B			\$	\$		
C			\$	\$		

5) In the past 5 years, has Applicant been fined or cited or had a liquor license revoked or suspended for any violations of a law or ordinance related to the sale of alcohol (after hours sales, sales to a minor, etc.)? Yes No If Yes, how many times: _____
Explain: _____

6) Does Applicant carry General Liability Insurance? Yes No If Yes, effective from: _____ to _____
Insurer: _____ Limit: \$ _____ Assault & Battery excluded? Yes No

BY SIGNING THIS RENEWAL APPLICATION, THE APPLICANT: (1) certifies that the information contained in this application is true and accurate to the best of his/her knowledge and belief; (2) acknowledges that the information contained herein will be the basis upon which the insurer may issue a Liquor Liability policy; (3) acknowledges that such policy issued pursuant to this application shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the insurer. If any information on the application is found to be inaccurate, the Applicant agrees that the premium may be increased from inception to reflect any incremental risk; (4) agrees to submit Applicant's records for audit by the insurer upon cancellation or expiration of the policy for the determination of actual alcohol receipts during the coverage period and to promptly remit payment of any resulting additional premium due; (5) authorizes the insurer to release any pending or closed claims information applicable to the policy; (6) acknowledges that the signing of this application does not bind the insurer to provide the insurance; (7) acknowledges that any inspection of the premises is made solely for the use and benefit of the insurer; and (8) authorizes the insurer or its authorized representative, Centrex Underwriters, Inc., to obtain the following information from the state and/or other liquor authority licensing or regulating this establishment: all violations, consumer complaints, and disciplinary actions on record with the state and/or other authority licensing or regulating this establishment

SIGNATURE OF INSURED/APPLICANT

TITLE

DATE

The undersigned Retail Agent hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent: _____ Date: _____

Retail Agency: _____ City/State: _____

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR WHO CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.