

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
 - A. How many times per week? _____
 - B. Type of entertainment:

<input type="checkbox"/> Live Music	<input type="checkbox"/> Comedy show	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Pool Tables
<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Stage / Floor Shows	<input type="checkbox"/> Pinball	<input type="checkbox"/> Shuffleboard
<input type="checkbox"/> Karaoke	<input type="checkbox"/> Nude Dancers	<input type="checkbox"/> Video Games	<input type="checkbox"/> Mechanical Rides
 - C. Type of musical entertainment:

<input type="checkbox"/> Top 40	<input type="checkbox"/> Classic Rock	<input type="checkbox"/> Jazz	<input type="checkbox"/> Alternative
<input type="checkbox"/> R & B	<input type="checkbox"/> Soft Rock	<input type="checkbox"/> Rap	<input type="checkbox"/> Country
<input type="checkbox"/> 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*