

- \_\_\_\_\_ Acceptance Indemnity Insurance Company
- \_\_\_\_\_ Acceptance Casualty Insurance Company
- \_\_\_\_\_ Occidental Fire & Casualty Insurance Company
- \_\_\_\_\_ Wilshire Insurance Company

**IAT Group**  
**Special Products Division PO**  
**Box 3328**  
**Omaha, NE 68103**  
**1-888-389-0598**

## Liquor Liability Application

Please answer ALL questions in full.

Incomplete and/or missing answers will cause delays in processing or may cause coverage to be declined.

Policy Period: _____ to _____
1. Applicant Information: _____ Individual _____ Corporation _____ Partnership _____ Other: _____ a. Name: _____ Mailing Address: _____ Location Address: _____ b. Has the Applicant, any partner, or any officer of the Applicant been the subject of any voluntary or involuntary bankruptcy proceedings within the past 5 years? _____ YES _____ NO If yes, explain: _____ c. Number of years in business: _____ d. <b>Web Site Address:</b> _____
2. <b>Name on Liquor License:</b> _____ <b>Note the name on the Liquor License must be the same as the Named Insured.</b>
3. Limits Desired: \$ _____ Occurrence \$ _____ Aggregate
4. Type of establishment: _____ Convenient/Kwik Shop Store _____ Package/Grocery Store _____ Casino _____ Restaurant _____ Bar/Tavern _____ Wholesaler/Distributor _____ Club (Type): _____ _____ Catering _____ Manufacturer/Brewery _____ Banquet/Hall Facilities _____ Other: _____ <b>If Banquet/Hall Facilities, Catering or Club is selected, you must also complete their addendum.</b>
5. a. Entertainment: _____ YES _____ NO      If yes, how many times a week: _____ If Yes, describe: _____ Disco _____ Topless/Go Go _____ Live Band _____ Karaoke _____ DJ _____ Rock & Roll _____ Juke Box _____ # of Electronic Games _____ # of Mechanical Devises _____ # of Pool Tables      Other: _____ b. Happy Hour? _____ YES _____ NO      If Yes, describe: _____ How many days per week? _____      Happy Hour time: _____ A.M./P.M. to _____ A.M./P.M. Any 2 for 1 drinks or drinks under \$1.50 during happy hour or regular business hours? _____ Yes _____ No c. Size of dance floor (square foot): _____ d. Cover Charge: _____ YES _____ NO
6. Are any tournaments held on premises – check as applicable: _____ Pool Tables _____ Shuffle Board _____ Dart Boards How Often? _____ Other: _____

7. Does the insured sponsor any activities? If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Area surrounding premises: \_\_\_\_\_ Downtown District \_\_\_\_\_ Residential \_\_\_\_\_ Shopping Center \_\_\_\_\_ Rural  
 \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Seasonal/Resort \_\_\_\_\_ College Campus \_\_\_\_\_ Other: \_\_\_\_\_

9. Is parking area well lighted? \_\_\_\_\_ YES \_\_\_\_\_ NO

10. Any outdoor serving areas? If Yes, describe: \_\_\_\_\_

11. Type of Clientele: \_\_\_\_\_ Area Residents \_\_\_\_\_ Tourists \_\_\_\_\_ College Students \_\_\_\_\_ Other: \_\_\_\_\_  
 Age: \_\_\_\_\_ % Under 25 \_\_\_\_\_ % 25 to 30 \_\_\_\_\_ % Over 30

12. Management:

a. Any security? \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, how many? \_\_\_\_\_  
 \_\_\_\_\_ Bouncer \_\_\_\_\_ Doorman \_\_\_\_\_ Off Duty Police \_\_\_\_\_ Other : \_\_\_\_\_

b. Is a gun kept on premises? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If Yes, is it loaded? \_\_\_\_\_ YES \_\_\_\_\_ NO Where's the gun kept? \_\_\_\_\_

c. Number of bartenders on duty? \_\_\_\_\_ Female \_\_\_\_\_ Male

d. Have all servers completed a certified training course? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, which course ie...TABC, TIPS, RAMP? Describe: \_\_\_\_\_

e. Procedures in place for those under the influence? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If so, Describe: \_\_\_\_\_

f. Who is checking I.D.'s? \_\_\_\_\_

g. When are I.D.'s checked? \_\_\_\_\_

13. General Information:

a. How many days a week is location open? \_\_\_\_\_

b. Opening and closing Hours: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.

c. Seating Capacity: \_\_\_\_\_ Dining Room \_\_\_\_\_ Bar Area

d. Does establishment allow alcohol to be brought in (BYOB)? \_\_\_\_\_ YES \_\_\_\_\_ NO

14. Insurance History:

a. Previous liquor liability insurer (full name of insurance company): \_\_\_\_\_

b. Did the previous carrier write a claim's made policy? \_\_\_\_\_ YES \_\_\_\_\_ NO

c. Describe any losses claimed or sustained within the past 5 years whether insured or not (include loss amount):  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Has liquor liability insurance coverage been denied, cancelled or non-renewed during the last 3 years?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

16. Has the insured been fined within the last 3 years? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If Yes, give dates and describe violations: \_\_\_\_\_  
\_\_\_\_\_

17. Annual Gross Receipts:	Present – Estimated	Prior Year: _____	Prior Year: _____
On-premises Alcohol Receipts	\$ _____	\$ _____	\$ _____
Off-premises Alcohol Receipts	\$ _____	\$ _____	\$ _____
Food Receipts	\$ _____	\$ _____	\$ _____
Total Alcohol & Food Receipts	\$ _____	\$ _____	\$ _____

18. Who to contact for an Audit and /or Inspection? Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

19. Name of current General Liability carrier? \_\_\_\_\_  
General Liability policy period: \_\_\_\_\_ to \_\_\_\_\_ General Liability policy limits: \$ \_\_\_\_\_  
Is the Assault & Battery excluded on the General Liability policy? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature/Broker**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State & zip**