



Associated Mutual Insurance Cooperative

Non-Binding Liquor Liability Application

Name:

Address:

Location of Premises:

Type of Occupancy:

Limits:

Name of Licensee (if different):

Type of License:

License #:

Years in business:

Years at this location:

Prior Insurance Company:

Prior Policy #:

Loss Experience:

Explain any losses listed:

Number of seats in the restaurant:

Number of seats at the bar:

Do you do any catering?

On premises?

Off premises?

If off premises catering, do you provide...

The alcohol?

Bartenders/Waiters?

If on premises catering, explain type (i.e. Weddings, business meetings, etc.):

Do you sponsor any organized team activities?

If so, please provide details of your involvement:

Are alcoholic beverages provided at these activities?

On premises?

Off premises?

Hours of Operation: to

Hours kitchen is open: to

Do you have any entertainment?

Dancing?

Bouncers?

Drink Promotions?

Happy Hours?

Are there any recreational facilities?

If yes, describe:

Are you located on a body of water?

If yes, do you have boat docks?

Do you have a written procedure for handling underage and/or intoxicated patrons?

If so, please attach a copy.

Is management notified prior to refusing to serve a patron?

Is documentation kept on each incident?

Do employees who serve alcohol participate in an Alcohol Awareness Training Program?



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Which program?

Number of employees permitted to serve alcohol:

How many employees are currently certified as having successfully completed the program?

Have you and/or your manager(s) been certified as having successfully completed the program?

What hours are managers on premises? _____ to _____

What hours are owners on premises? _____ to _____

Have you been convicted at any disciplinary proceeding before the State Liquor Authority within the past 7 years?

Have you been convicted of any crime or violation (other than traffic infraction)?

If yes, please attach detailed explanation. (Please be advised that a certified copy of the disposition may be required.)

Annual Gross Receipts:

Last Year: Food: _____ Liquor: _____ Beer & Wine: _____

Current Year: Food: _____ Liquor: _____ Beer & Wine: _____

Next Year: Food: _____ Liquor: _____ Beer & Wine: _____

Please be advised that prior insurance agency company loss runs and/or evidence of annual receipts may be required.

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 CRIM, 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.

Insured's Signature _____ Date _____

Insured Name (Print or type) _____

Title _____

Agent's Signature _____ Date _____

Agent Name (Print or type) _____