



KALIFF INSURANCE
ESTABLISHED 1917

LIQUOR LIABILITY — APPLICATION

INSTRUCTIONS: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Read carefully the statements at the end of this application.

Name of Insured (as will appear on policy): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____ Contact Person: _____

Day phone: _____ Night phone: _____ Fax: _____

Applicant is: Individual Partnership Corporation Other If Other, please specify: _____

Name on liquor license: _____

Name of person who keeps books: _____

How long has current owner been in business at this location? _____

Has owner, officer, or partner ever filed for bankruptcy? Yes No If yes, please explain: _____

1. Type of Business: Bar/Tavern Nightclub Restaurant Retail Store
 Banquet Hall Private Club Fraternal Club Country Club Casino
 Wholesale Distributor Concessionaire Adult Entertainment Off-Premises Caterer
 Other (describe): _____

2. Does applicant feature any ENTERTAINMENT? Yes No

If Yes, a.) How many times PER YEAR? _____

b.) How many times PER WEEK? _____

c.) Type of entertainment featured: DJ Jukebox Karaoke Solo Vocalist

Band (1-3 members) Band (4+ members) Comedy Club Exotic

Dancers/Adult Entertainment Stage/Floor Show or Contests (Describe): _____

d.) If musical entertainment, what type?: Top 40's/Pop Classic Rock

Soft Rock Jazz R&B Rap

e.) Is dancing permitted? Yes No

f.) Is there a dance floor? Yes No If yes, size of dance floor: _____

3. Is there a Minimum or Cover Charge? Yes No

4. Are Bouncers or Doorpersons employed? Yes No

5. Are facilities available for Banquets, Receptions or Private Affairs? Yes No

a.) If yes, how many functions are handled annually? _____

b.) Are dancing and entertainment featured at banquet operations? Yes No



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6. Are all alcohol-serving employees certified in a FORMAL ALCOHOL class? Yes No

If yes, provide name of the course (i.e.: TIPS, TAM, RAMP, BEST): _____

Estimated Receipts

7. a.) Total Gross Annual Receipts: *Past 12 Months* *Next 12 Months*

FOOD _____

ALCOHOL _____

OTHER (Describe): _____

b.) If applicant engages in the sale of alcoholic beverages for on-premise & off-premise consumption, provide a breakdown: *On Premise* *Off Premise*

FOOD _____

ALCOHOL _____

c.) If applicant has more than one operation at same location, provide breakdown of receipts by operation: *Bar/Lounge* *Restaurant* *Banquet* *Retail Sales* *Other*

FOOD _____

ALCOHOL _____

8. a.) HOURS OF OPERATION: Mon-Thurs _____ Fri _____ Sat _____ Sun _____

b.) Does establishment ever stay open past 2 am.? Yes No

If yes, was the establishment required to apply for a special license? Yes No

9. Are operations seasonal? Yes No

If yes, what is the season? _____ to _____

10. Does applicant engage in off-premises sales or service of alcohol? Yes No

11. Does applicant have any mechanical rides or devices (mechanical bull, virtual reality, etc)?

Yes No If yes, total number and types: _____

12. Are guns permitted or kept on premises? Yes No

13. Are employees permitted to consume alcohol on the job? Yes No

14. Does applicant have any drink specials or promotions (2-for-1's, happy hours, reduced drink prices, etc)? Yes No If yes, describe type, days and times of specials: _____

15. Does applicant offer complimentary drinks? Yes No If yes, explain: _____



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16. Does applicant permit "BYOB" (bring your own bottle) or setups? Yes No

If yes, explain: _____

17. Is establishment frequented by a college crowd? Yes No

18. What is the average age of patrons? Under 21 21-25 26-30 31+

19. If a bar or tavern, are persons under the legal drinking age permitted on premises?

Yes No If yes, explain: _____

20. Within the past 5 years, has applicant and/or employees 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 date(s) and details of citation(s): _____

21. Within the past 5 years, has the applicant had any *Liquor Liability Claims* (whether insured or not)? Yes No If yes, provide date(s), description of claim(s) and status: _____

22. Within the past 5 years, has the applicant had any *Assault & Battery Claims*? Yes No
If yes, provide date(s), description of claim(s) and status: _____

23. Within the past 5 years, has applicant's liquor coverage been *Cancelled or Nonrenewed*? Yes No If yes, explain: _____

24. Previous Liquor Carrier: _____
Limits: _____ Premium: _____

25. Desired Policy Period: _____ to _____

26. Limits Desired: _____ Each Common Cause Limit: _____ Aggregate Limit: _____

27. Is an **ADDITIONAL INSURED** needed? Yes No

If yes, Name is: _____
Address is: _____
Describe Insurable Interest: _____



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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 any 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 requested.

REMARKS:

I attest that the information provided above is true and correct.

Signature Title Date