

APPLICATION FOR LIQUOR LIABILITY AND GENERAL LIABILITY INSURANCE



Email to Submissions@cig-llc.biz along with Acord apps

1. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal Expiring Policy #: _____ Need quote for: <input type="checkbox"/> Liquor Liability only <input type="checkbox"/> General Liability & Liquor Liability	Surplus Lines Producer: <u>Commercial Insurance Group LLC</u> City/State: <u>Colorado Springs, Co</u> Contact: <u>Mary A. Pierce</u>
2. Need quote by: _____ Desired Policy Period From: _____ To: _____	
3. Liquor Limit requested: <input type="checkbox"/> \$50,000/\$50,000 <input type="checkbox"/> \$100,000/\$100,000 <input type="checkbox"/> \$200,000/\$200,000 <input type="checkbox"/> \$300k/\$300k <input type="checkbox"/> \$500k/\$500k <input type="checkbox"/> \$1 Mil/\$1 Mil <input type="checkbox"/> \$1 Mil/\$2 Mil	
4. Name of Applicant (show all names including legal and dba names): _____ Mailing Address: _____ City: _____ State: _____ ZIP: _____ Telephone #: () _____ Applicant's total years of experience in this business: _____	
5. Name of Location to be Insured: _____ Location Street Address: _____ Location City: _____ Location State: _____ Location ZIP: _____ # of Locations to be Insured: _____ Telephone #: () _____ Website: _____ NOTE: Only One location per application. For multiple Retail Stores, use the Centrex Retail Store Application with the Multi Location Supplement	
6. Is this a new purchase or new venture? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Applicant's years in business at this Location: _____	
7. If coverage is bound, it will cover only the designated Insured Location(s) which will be subject to inspection and audit. Contact person for inspection/audit: _____ Telephone #: () _____	
8. Form of business: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other: _____	
9. Does Applicant have a License to sell alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Type of Customers (most applicable): <input type="checkbox"/> Families <input type="checkbox"/> College Students <input type="checkbox"/> Business/Professional <input type="checkbox"/> Military <input type="checkbox"/> Blue Collar <input type="checkbox"/> Other: _____ Average age of customers: Under 21 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46+ <input type="checkbox"/> Does the Applicant allow customers under 21 on the premises after 10:00 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage of customers who arrive/depart by car/truck: _____ % Do college students frequent the Applicant's establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what % do they comprise of the Applicant's evening clientele? _____ %	
11. Description of Operations (check ALL operations that are applicable): <input type="checkbox"/> Bar/Tavern (may serve food) <input type="checkbox"/> Night Club/Cabaret <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Package Store (retail) <input type="checkbox"/> Convenience/Grocery Store <input type="checkbox"/> Billiard/Pool Hall <input type="checkbox"/> Comedy Club <input type="checkbox"/> Dance Hall/Ballroom <input type="checkbox"/> Bowling Alley <input type="checkbox"/> Catering/Banquets/Hall Rental – Total Sq. Footage (required): _____ (Attach Hall Rental/Caterers Supplement) <input type="checkbox"/> Beverage Distributor (wholesale) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Private Club; specify type (American Legion, VFW, Country Club, etc.): _____ Total Sq. Footage (required): _____ <input type="checkbox"/> Restaurant; specify type (American, Chinese, Italian, Seafood, etc.): _____ <input type="checkbox"/> Other; describe: _____	
12. Does Applicant dispense or provide alcoholic beverages for off-premises events? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Must complete Special Events Application. (GL not available for Special Events) Does Applicant have any Catering/Banquet Hall/Hall Rental Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Must complete Hall Rental/Caterers Supplement. Within the past 5 years, has the applicant had any Assault & Battery Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Must attach a separate sheet explaining each claim.	
13. Does the Applicant have any of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No - Pool Tables If yes, number of Pool Tables: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No - Gambling Machines <input type="checkbox"/> Yes <input type="checkbox"/> No - Mechanical Riding Machines <input type="checkbox"/> Yes <input type="checkbox"/> No - Sports Facilities on premises i.e. volleyball, softball, basketball, swimming pool, etc. If yes, please describe: _____	
14. Does Applicant have entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check ALL that are applicable below: <input type="checkbox"/> Juke Box <input type="checkbox"/> DJ; # of days per week: _____ <input type="checkbox"/> Karaoke; # of days per week: _____ <input type="checkbox"/> Solo musician/vocalist; # of days per week: _____ <input type="checkbox"/> Exotic/go-go dancers/adult entertainment <input type="checkbox"/> Stage/floor show or contests; describe: _____ <input type="checkbox"/> Live Band; # of days per week: _____ <input type="checkbox"/> Other; describe: _____ If the Applicant has bands or DJs as part of the entertainment, are pyrotechnics allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of music: <input type="checkbox"/> Top 40 <input type="checkbox"/> Country <input type="checkbox"/> Classic Rock & Roll <input type="checkbox"/> Soft Rock <input type="checkbox"/> Jazz <input type="checkbox"/> Alternative <input type="checkbox"/> Rap <input type="checkbox"/> R&B <input type="checkbox"/> Disco <input type="checkbox"/> Other: _____	
15. Is dancing allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of days per week: _____ Size of dance floor: _____ square feet	
16. Lowest Beer price offered, not including happy hour or other promotions (check only one): <input type="checkbox"/> \$1-\$2.99 <input type="checkbox"/> \$3-\$4.99 <input type="checkbox"/> \$5+ Lowest Liquor/Wine price offered, not including happy hour/promotions (check only one): <input type="checkbox"/> \$1-\$2.99 <input type="checkbox"/> \$3-\$5.99 <input type="checkbox"/> \$6+ Any consumption promotions such as happy hour, ladies night, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: # of days per week: _____ Do consumption promotions last longer than three hours or end later than 8 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when do promotions end?: _____ Are alcohol discounts cheaper than 50% off or 2 for 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	

17. Is there a college or university within a 3-mile radius of the Applicant's premises? Yes No
 If yes, give name: _____

18. Is the Applicant open four days or fewer per week? Yes No
 Does the Applicant open for business at 7 p.m. or later? Yes No
 Does the Applicant close later than 2 a.m.? Yes No If yes, what is the latest time closing time? _____ a.m.
 Is this a seasonal operation? Yes No If yes, what are the dates of operation? _____ to _____

19. Does the Applicant use bouncers/I.D. checkers or security personnel? Yes No If yes, how many are used during peak periods? _____

20. Within the past 5 years, has Applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? Yes No If yes, # of times: _____;
 Explain: _____

21. Does the Applicant require all alcohol serving or selling employees be certified by a formal alcohol-awareness training program? Yes No
 If yes, give the name of the training program (BEST, RAMP, TIPS, TAM, etc.): _____

22. Operations (Answers are required):
 Yes No Does the Applicant have procedures in place to regulate the sale of alcohol to intoxicated customers and to minors?
 Yes No Are the Applicant's employees required to check age identification of customers who appear to be under the age of 25?
 No Yes Does the Applicant allow customers to order more than one drink at last call?
 No Yes Does the Applicant allow employees or independent contractors to consume alcohol on the premises while on the job?
 No Yes Does the Applicant have a drive-through operation for the sale of alcohol?
 No Yes Does the Applicant allow customers to BYOB (Bring Your Own Bottle)?

23. Provide Applicant's annual sales for food and all alcoholic beverages (liquor, beer, and wine) below:

	Alcohol On-Premises Sales	Alcohol Take-Out Sales	Food Sales	*Other Sales	Total Sales
Next 12 months	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Past 12 months	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*Describe other sales: _____
 If there are on-premises and take-out alcohol sales, does the Applicant keep separate sales records for on-premises and take-out alcohol sales? Yes No

24. Does Applicant carry General Liability insurance? Yes No If yes, effective from: _____ to _____
 Insurer: _____ Limits: \$ _____ Assault & Battery Excluded? Yes No

25. Does Applicant currently carry Liquor Liability Insurance? Yes No Expiration date: _____ Package Policy Monoline Policy
 Insurer: _____ Limits: \$ _____ Premium: \$ _____ Assault & Battery Excluded? Yes No
 Except for Kentucky and Missouri risks, has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years? Yes No If yes, explain:

26. In the past 5 years, has the 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			\$ _____	\$ _____		

27. Is coverage needed for Additional Insureds: A-None B-Lessor/Property Manager C-Vendor D-Franchisor **Vendors Only-product type:** _____
 Name/Address/Interest: _____
 Name/Address/Interest: _____
 Name/Address/Interest: _____

General Liability Section (to be completed only if GL coverage is requested)
 GL limit requested: \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

1. Do you own the building? Yes No If yes, is any part of your location rented to others? Yes No
 a. If yes, what is the occupancy of the tenant(s)? Apartments Retail/Other
 b. If apartments, how many units are rented to others? _____ If Retail/Other, what is the square footage occupied by the tenant(s)? _____
 2. Are exits clearly marked and unobstructed? Yes No

3. Is cooking performed? Yes No If yes, is there an operational Ansul system? Yes No
 4. Is there a service agreement in place for cleaning the surfaces and ducts of the extinguishing system? Yes No
 5. Are there any firearms or weapons kept on premises? Yes No **Policy will contain an endorsement excluding coverage for firearms and weapons.**

6. Is parking performed by a valet contracted service? Yes No
 If yes, are certificates of insurance obtained and is the applicant named as an Additional Insured? Yes No

7. In the past 3 years, has the applicant had any GL claims or incidents that might give rise to such a claim, whether insured or not? Yes No If yes, please provide details:

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

General Liability Section (continued)

8. Does applicant package and sell food under their own label? Yes No
9. Are records kept on food suppliers? Yes No
10. Does applicant provide Worker's Compensation coverage for employees? Yes No
11. Does applicant lease employees? Yes No If yes, does the lease employer provide Worker's Compensation coverage? Yes No
12. Does applicant hire any contracted security service? Yes No
If yes, are certificates of insurance obtained and the applicant named as an additional insured? Yes No

State Fraud Warnings – By State

Colorado:

"It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

Florida:

"Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Hawaii:

"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

Kentucky:

"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."

Louisiana or West Virginia:

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Maine:

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits."

Maryland:

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison."

New Jersey:

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

New Mexico:

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties."

New York:

"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 crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation."

Ohio:

"Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Pennsylvania:

"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 crime and subjects such person to criminal and civil penalties."

Tennessee or Virginia or Washington:

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

For All other States:

NOTICE: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

BY SIGNING THIS 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; and (2) acknowledges that the information contained herein will be the basis upon which the Insurer may issue a Liquor Liability policy to the Applicant; and (3) acknowledges that if the Insurer issues a Liquor Liability policy and if any information contained herein is misleading or false, the Insurer may have the right to rescind the policy which may be issued pursuant to this application. The signing of this application does not bind the Insurer to provide the insurance. It is mutually understood and agreed by the Insurer and the Applicant that any inspection of the premises is made solely for the use and benefit of the Insurer, and is not to be relied upon by the Applicant in any way; and (4) authorizes the Insurer and 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 in the past five years.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned 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.

Retail Agency: _____ City: _____ State: _____

Telephone #:() _____ Retail Agency Signature: _____ Date: _____