



Pennock Insurance, Inc.

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Chadds Ford, PA 19317*

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Liquor Liability Application

Complete a separate application for each location.

Applicant's Name _____

 Mailing Address _____

 Location Address _____

 Web site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-Mail _____
 Phone _____

PROPOSED EFFECTIVE DATE:

From _____ To _____ **12:01 A.M., Standard Time at the address of the Named Insured.**

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
\$ _____	\$ _____

1. Classification of risk:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Arena/Stadium | <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Gentlemen's/Strip Club | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Social Club |
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Drive-through Daiquiri Shop | <input type="checkbox"/> Liquor Manufacturer/Brewery | <input type="checkbox"/> Sports Field |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Exercise Studio | <input type="checkbox"/> Microbrewery | <input type="checkbox"/> Wholesaler/Distributor |
| <input type="checkbox"/> Casino/Gaming | <input type="checkbox"/> Exhibit Hall | <input type="checkbox"/> Night Club | <input type="checkbox"/> Winery |
| <input type="checkbox"/> Catering Service | <input type="checkbox"/> Fairground | <input type="checkbox"/> Package Store | |
| <input type="checkbox"/> Other (Describe): _____ | | | |

2. Additional Insured Information:

Name	Address

3. **Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your liquor license suspended/revoked?** Yes No
 If yes, when and why? _____

4. **Name on liquor license:** _____ **Type of liquor license:** _____

5. **Estimated liquor receipts: \$** _____ **Other receipts: \$** _____

6. **Average price for:** beer \$ _____ wine \$ _____ liquor \$ _____

7. **Percent of receipts for on-premises consumption:** _____ %

8. **Percent of receipts for off-premises consumption:** _____ %

9. **Estimated food receipts: \$** _____

10. **Percentage of liquor receipts to total receipts:** _____ %

11. **How many years has the applicant been in business?** _____

12. **How many years has the applicant been at this location?** _____

13. **Premises within city limits?** Yes No

14. **Square foot area of establishment:** _____ **(Maximum Occupancy:** _____ **)**

15. **How many days per week is the location open?** _____

16. **What time does the location close?** _____ **Hours of serving?** _____

17. **Number of servers:** _____

18. **Have all servers been through alcohol awareness server training (i.e. TIPS, TOPS)?** Yes No

Type of course: _____

How often required? _____

Ride home policy? Yes No

19. **How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)?** _____

20. **Are procedures in place regulating the sale of alcohol to minors or those under the influence?....** Yes No

If yes, describe: _____

How is age of customer verified? _____

21. **Type of clientele:** Area Residents Area Workers Tourists College Other: _____

22. **Percent of clientele:** Under 25 _____ % 25-30 _____ % Over 30 _____ %

23. **Type of area:** Industrial or Commercial Residential Rural Other _____

Located on or near college campus? Yes No

24. **Is there a cover charge?** Yes No

If yes, what is the amount? \$ _____

25. Do you have "Happy Hour" or 2-for-1 drink specials? Yes No
 Is last call announced?..... Yes No
 Are customers allowed more than one drink at last call?..... Yes No
26. Are patrons allowed to BYOB (Bring Your Own Booze)?..... Yes No
27. Security Activities:
 Bouncers Doormen Off Duty Police
 Contracted Security Firms: inside outside armed unarmed
 Any firearms kept or carried on the premises? Yes No
28. Are there procedures for handling violent or disruptive patrons?..... Yes No
 If yes, please describe? _____
29. Types of entertainment activities:
 Darts DJ Exotic Dancing Juke Box
 Dance Floor Size: _____
 Electronic Games Type: _____
 Live Entertainment Type and how often? _____
 Mechanical Devices Type: _____
 Pool Table(s) Number: _____
 Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.): _____

 Special Promotions Yes No
 If yes, describe: _____
30. Gentlemen's clubs:
 Turnover rate for staff: _____
 Are servers/dancers in training? Yes No
 Does applicant prohibit serving of alcohol after hours to their staff? Yes No
 Are clients allowed to purchase drinks for dancers/hostesses? Yes No
31. Manufacturer:
 Tours of Facility? Yes No
 Free samples given? Yes No
 If yes, how is quantity controlled? _____

32. Distributor:
 Any sponsored events?..... Yes No
 If yes, describe: _____
 Policy for giving away alcoholic beverages by Sponsor? Yes No
 If yes, describe: _____

33. Caterers:
 Are clients/guests allowed to mix their own drinks?..... Yes No
 Does caterer provide liquor or bartending service? Yes No

34. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No
 If yes, explain: _____

35. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			

36. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

FRAUD WARNING APPLICABLE IN THE STATE OF 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 five thousand dollars and the stated value of the claim for each such violation.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____