



LIQUOR LIABILITY QUESTIONNAIRE

(If additional space is needed for answers, use back of questionnaire.)

- 1. Name of Applicant ... Federal Employer I.D. No. ...
2. Address ... Street ... City ... County ... State ... ZIP Code ...
3. Nature of Business ...
4. Length of time in this or similar business ...
5. Direct Control by: [] Owner/Lessor [] Manager/Operator
6. Total receipts of your business \$... Total receipts from alcoholic beverages \$...
7. Do you hold a retail liquor license? [] Yes [] No
8. Is liquor sold for on premises consumption only? [] Yes [] No
9. Do you have a "Happy Hour," "two-for-one" or other types of special promotions? [] Yes [] No
10. General Information
11. Entertainment provided (check all that apply):
12. Do you provide hospitality suites/rooms? [] Yes [] No
13. Provide details of "Special Events" or contests you sponsor.

A. Details of "Special Events" or contest during the past twelve (12) months.

B. Detail your plans for "Special Events" or contests for the upcoming twelve (12) months.

14. Is there a formal written program to require proof of age from minors and to avoid selling alcohol to intoxicated persons?

Yes No

If yes: Person responsible for its enforcement _____

How is this communicated to this party? _____

15. Do employee hiring practices include background reference checks including a police record check? Yes No

If yes, describe. _____

16. Describe type of alcohol awareness training your employees receive:

a. When hired _____

b. On a scheduled and on-going basis _____

17. Explain all **YES** responses:

a. Are employees permitted to drink alcohol while working? Yes No

b. Are servers required to be licensed by the state or local government? Yes No

c. Has your Liquor Liability Insurance ever been cancelled, declined or nonrenewed?
NOT APPLICABLE IN MISSOURI Yes No

d. Has your Liquor license ever been suspended or revoked? Yes No

e. Have any claims arising out of the serving of alcoholic beverages been paid or reported during the preceding five (5) years? Yes No

f. Prior Liquor Liability insurance carried? Yes No

Name of Insurance Company _____

Limit of Liability \$ _____

Deductible Amount \$ _____

This questionnaire must be signed by the applicant. If the insured is a corporation, this questionnaire must be signed by an executive officer of the corporation. If the insured is a partnership, it must be signed by a partner. If the insured is an individual, it must be signed by that individual.

Name (Typed or Printed)

Title

Signature

Date

APPLICATION SUPPLEMENT - FRAUD WARNINGS

This supplement becomes attached to the applications in the following states:

Arkansas - applicable to all coverages:

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.

District of Columbia - applicable to all coverages:

WARNING: 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.

Kentucky – applicable to all coverages:

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.

New Jersey - applicable to all coverages:

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

Ohio - applicable to all coverages:

Any person who, with intent to defraud or knowing that he 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.

Oklahoma - applicable to all coverages:

WARNING: 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.

Pennsylvania - applicable to all coverages:

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.

Virginia - applicable to all coverages:

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.