



Patriot National Underwriters, Inc.

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Liquor Liability Application

Must be completed in full and signed by applicant.

☐ New ☐ Renewal of Policy Number: _____

Requested Effective Date: _____

INSURED INFORMATION If more than one location, please complete and attach supplemental application.

1. Name of applicant (show all names including legal and dba): _____
2. Mailing Address: _____
3. Location Address: _____
Number of Stories: _____ Any Patrons on other floors?: ☐ Yes ☐ No
What are other floors used for?: _____
Second Floor Capacity: _____ Describe 2nd floor exits: _____
4. Website address: _____
5. Name and phone number of contact person: _____
6. The applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (describe) _____
Does applicant have valid liquor license? ☐ Yes ☐ No License #: _____
Name on license: _____
7. Previous liquor liability carrier: _____ Limits: _____ Annual Premium: _____
8. Name of General Liability Insurance Company: _____ Expiration Date: _____
Policy Limits: Occurrence: _____ Aggregate: _____ Does GL exclude Assault & Battery? ☐ Yes ☐ No
9. Within the past 5 years;
a. Has applicant's liquor coverage been cancelled or non-renewed? ☐ Yes ☐ No
b. Has applicant's liquor license ever been suspended or revoked? ☐ Yes ☐ No
c. Has applicant or any owner, officer or partner filed bankruptcy? ☐ Yes ☐ No
If yes to questions 9. a, b or c please explain: _____

10. Type of business (check all that apply):
☐ Bar/Tavern ☐ Retail/Take Out/Package/Convenience Store ☐ Private/Fraternal/Country Club
☐ Bowling Alley ☐ Gas ☐ No Gas Members only? ☐ Yes ☐ No
☐ Billiard/Pool Hall ☐ Adult Night Club or Bar ☐ Restaurant ☐ Catering/Banquet Hall
☐ Off-Premises Caterer ☐ Concessionaire ☐ Casino ☐ Other (describe): _____

PREMIUM BASIS

11. a) Gross annual receipts for consumption on premises:

	Past 12 Months	Next 12 Months	
Food:	\$ _____	\$ _____	Describe other: _____
Alcohol:	\$ _____	\$ _____	
Other:	\$ _____	\$ _____	
- b) If applicant sells liquor for off premises consumption (over the counter), or sells liquor off premises (catering) please provide those receipts here:

Off Premise	
Food:	\$ _____
Alcohol:	\$ _____
Other:	\$ _____
- c) Desired Limits: Each Common Cause: _____ Aggregate: _____

CLAIMS/VIOLATIONS Please attach 5 years of currently valued loss information if applicable.

12. Within the last 5 years;
- a. Has applicant been fined or cited by violations related to illegal activities or the sale or service of alcohol? ☐ Yes ☐ No
- b. Has applicant had any reported liquor liability claims or notification of potential liquor liability claims? ☐ Yes ☐ No
- c. Has the applicant had any reported claims or notification of potential claims related to Assault & Battery? ☐ Yes ☐ No
13. Is the applicant aware of any other incidents, conditions, circumstances, defects or suspected defects which may result in claims against the applicant? ☐ Yes ☐ No
- If yes to questions 12 a., b., c. or 13, please provide details, date(s) of citations, status and description of claim(s):**

EMPLOYEES/MANAGEMENT & PROCEDURES

14. Are all alcohol serving employees certified in a formal alcohol training course? ☐ Yes ☐ No
If yes, provide name of course (e.g., TIPS, TAM, RAMP, BEST, etc.) _____
15. How long has current owner been in business at this location? _____
16. a. How many years has Manager worked at this establishment? _____ b. Hours full time Manager is on duty: _____
If three years or less for questions 15 & 16 a, please describe prior experience in this type of business: _____
17. How many days per week is location open? _____
18. Hours of operation: Mon.-Thurs.: _____ Fri.: _____ Sat.: _____ Sun.: _____
19. Are employees permitted to consume alcohol during their hours of employment? ☐ Yes ☐ No
20. What is the distance to the nearest college campus? _____
21. What is the average age of patrons? ☐ Under 21 ☐ 21-25 ☐ 26-30 ☐ 31-40 ☐ 41+
22. Does applicant offer Happy Hour or other Promotional Events? ☐ Yes ☐ No
If yes, describe type of drink, prices and time offered: _____

23. Does applicant offer:
- Multiple drink incentives (i.e., 2 for 1, every 3rd drink is free, etc.)? ☐ Yes ☐ No
- Complimentary drinks or "all you can drink" specials? ☐ Yes ☐ No
- Are flaming or ignited drinks served? ☐ Yes ☐ No
24. What is the average cost of beer/wine/mix drinks? Beer _____ Wine Bottle _____ Wine Glass _____ Mix Drinks _____
25. Does applicant permit "BYOB" or set-ups? ☐ Yes ☐ No If yes, explain: _____
26. Seating capacity in dining room: _____ Bar area: _____ ever been cited for over crowding? ☐ Yes ☐ No
27. Are persons under the legal drinking age allowed on premises after 10 p.m.? ☐ Yes ☐ No
28. Are bouncers or door persons employed? ☐ Yes ☐ No
29. Are Security Guards employed? ☐ Yes ☐ No
If yes, are they: Armed? ☐ Yes ☐ No Off Duty Police? ☐ Yes ☐ No
30. Are background checks done on the security staff? ☐ Yes ☐ No
31. Is there an establishment procedure for handling violent or disruptive patrons? ☐ Yes ☐ No
32. Are any actions taken to prevent obviously intoxicated persons from driving? ☐ Yes ☐ No
33. Do you provide 3rd party transportation i.e. cabs? ☐ Yes ☐ No
If yes, please explain: _____

34. What steps are taken to avoid selling or serving alcohol to persons under age? _____
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TYPE OF RISK & ENTERTAINMENT

35. Does applicant feature any entertainment or other promotional events? ☐ Yes ☐ No If yes, how often? _____
Is there a cover charge? ☐ Yes ☐ No If yes, how much? _____
Entertainment is:
☐ DJ ☐ Karaoke ☐ Solo Vocalist ☐ Foam Party ☐ Band ☐ Pyrotechnic ☐ Comedy Club
☐ Stage/Floor show, contests or other promotional events (describe): _____
Describe type of music:
☐ Top 40s/pop ☐ Classic Rock ☐ Soft Rock ☐ Alternative ☐ Country
☐ Jazz ☐ R&B ☐ RAP ☐ Other: _____
36. a. Is there a dance floor? ☐ Yes ☐ No If yes, square footage: _____
b. Any raised or elevated dancing areas? ☐ Yes ☐ No If yes, describe: _____
37. Are there amusement devices on premises? ☐ Yes ☐ No If yes, describe: _____
38. a. Are facilities available for banquets, receptions, weddings, private affairs, etc.? ☐ Yes ☐ No
If yes, how many functions are handled annually? _____ Describe types: _____
b. Describe who is dispensing the alcohol: _____

FRAUD STATEMENT: A 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.

WARRANTIES: I/we warrant 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 in any way as this would materially affect acceptance of a 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, it requested.

Signature of
Applicant**

(Must be owner, officer or partner)

Title

(Required)

Date

(Required)

Signature of Producing Agent**

Date

*Signing this application does not require the insurer to issue a policy of insurance or require the applicant to accept the insurance offered.

** The undersigned hereby warrants and certifies that all information contained herein is correct; That this form was completed and then signed by the insured/applicant; That a completed copy hereof has been given to the insured/applicant; and that I am retaining a duplicate signed copy hereof.

Producing Agency: _____
Contact Person: _____
Address: _____
Tel: _____ Fax: _____
Email: _____



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