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LIQUOR LIABILITY APPLICATION

SECTION I.

1.	Effective Date: To					
2.	Applicant's Name:					
3.	Applicant's Mailing Address:					
4.	City: State:	Zip Code:				
5.	Email Address of Primary Contact:	Phone:				
6.	Inspection Contact Name:	Phone:	<u> </u>			
7.	Number of Locations to be Insured (a	omplete one application per location): _				
8.	Location Address:					
9.	City: State:	Zip Code:				
10	. Type Of Business (check all that appl	<i>(</i> y)				
	☐ Bar/Tavern	☐ Nightclub/Dance Bar/Discotheque	Adult Entertainment Club			
	Restaurant (1-25% liquor sales)	Restaurant (26-49% liquor sales)	☐ Banquet Halls/Caterer			
	☐ Fraternal/Private/Social Clubs	☐ Liquor/Convenience/Grocery Store	☐ Wholesale Distributor			
	Comedy Club	Pool/Billiard Hall; Bowling Alley; Sports Venue	☐ Other			
11	. What year did the applicant start busi	ness at this location?				
12	. How many years' experience does app	plicant have owning or managing this typ	oe of operation?			
13	. Estimated Receipts:					
	Annual Food Receipts On-Premises		\$			
	Annual Food Receipts Off-Premises					
	Annual Food Receipts On-Premises Banquet/Rental Hall					
	Annual Liquor Receipts On-Premises (including beer and wine)					
	Annual Liquor Receipts Off-Premises Package Sales (including beer and wine)					
	Annual Liquor Receipts On-Premises Banquet/Rental Hall (including beer and wine)					
	Annual Liquor Receipts Off-Premises Catering (including beer and wine)					
	Annual Liquor Receipts Off-Premises I	Distribution Sales (including beer and wir	ne) \$			
Total Annual Receipts						

(Michigan only) The policy to which this application will apply is exempt from the filing requirements of MCL 500.2236.

Question 14 - Coverage Limits and Question 15 - Assault & Battery Buy-Back Limits All States except (AL, MI, IL, MN, & IA) Liquor Limits: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 \$50,000/\$50,000 \$100,000/\$100,000 \$300,000/\$300,000 Assault & Battery Buy-Back Limits: \$500,000/\$500,000 \$1,000,000/\$1,000,000 Alabama Only – All classes EXCEPT Stores and Wholesale distributors (Assault & Battery Buy-Back coverage not available): \$100,000/\$200,000 Liquor Limits: Alabama Only - Stores and Wholesale Distributors (Assault & Battery Buy-Back coverage not available): \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 Liquor Limits: \$1,000,000/\$1,000,000 Michigan Only (Assault & Battery Buy-Back must be included at minimum limit of \$50,000/\$50,000): Liquor Limits: \$50,000/\$100,000 \$100,000/\$200,000 \$300,000/\$600,000 \$1,000,000/\$1,000,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 \$50,000/\$50,000 \$100,000/\$100,000 **\$300,000/\$300,000** Assault & Battery **Buy-Back Limits:** \$500,000/\$500,000 \$1,000,000/\$1,000,000 Illinois Only (Assault & Battery is included at occurrence limits): Liquor Limits: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 \$2,000,000/\$2,000,000 Minnesota Only (Assault & Battery is included at occurrence limits): Liquor Limits: \$300,000/\$310,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 Iowa Only (Assault & Battery coverage is included): Combined Single Limits: **\$150,000/\$300,000 \$200,000/\$400,000** 」 \$300,000/\$600,000 **5400,000/\$800,000** \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 Split Limits: \$50,000/\$100,000/\$200,000 \$50,000/\$100,000/\$200,000 \$75,000/\$150,000/\$300,000 (PD = \$5,000)(PD = \$50,000)

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\$125,000/\$250,000/\$500,000

\$250,000/\$500,000/\$1,000,000

\$100,000/\$200,000/\$400,000

16	Assault & E	Battery Buy-B	ack limit prov	vided u	nder General Li	ability Coverage?	P ☐ Yes	☐ No	
	Assault & E	Battery Buy-B	ack limit prov	vided u	nder General Li	ability Coverage	\$		
17.	brought agai	Assault & Battery Buy-Back limit provided under General Liability Coverage \$ List all claims and suits related to liquor liability including claims related to assault and battery claims brought against applicant within past (5) years. (5 years loss runs preferred, minimum 3 years currently valued loss runs required to bind)							
	Date of Loss	Type of Loss	Description	of Loss	Amount Paid	Amount Reserved		of Claim Open, losed)	
18.	. What is the I	atest hour of o	peration?		n	hours			
19	Number of d	ays applicant is	open for busi	ness per	week				
20	. Maximum leg	gal capacity of t	the premises:						
21.	Does the app	plicant feature e	entertainment?	•			☐ Yes	☐ No	
	If ves, check	all of the follo	wing types that	t apply,	and the number o	of times entertainm	ent is provid	ded:	
	• •	intertainment Ty			Number of times per Week	Number of times per Month	Number of times per Year		
	DJ								
	Bands								
		ainment with ex	kotic dancing						
	Karaoke Solo Vocalist/Piano Player/Guitarist								
	Stage/Floor	· · ·	<u>suitarist</u>				_		
	Outdoor Cor								
	Other live pe						-		
22.	Sports Venue						☐ Yes	□ No	
	Type of athle	etic event:							
	Number of ti	mes per week:		per m	onth:		per year:		
23.	. Number of p	ool tables:	Number	of bowli	ng lanes:				
24.	Dancing peri	mitted: \(\square\) Yes	☐ No	If yes,	provide dance flo	or area: squ	uare feet		
25.	Are there co	medy, dinner th	neater, or othe	r interac	tive/spectator act	s?	☐ Yes	☐ No	
26. Are there beer and wine sales only?					☐ Yes	☐ No			
27.	27. Are all alcohol-serving employees certified in a Formal Alcohol Training Course?					☐ Yes	☐ No		
28.	28. Are employees permitted to consume alcohol during their working hours/after their shift/after closing time?					☐ Yes	☐ No		
29.	29. Are non-employees permitted to serve alcohol?					☐ Yes	☐ No		
30.	Is BYOB (bri	Is BYOB (bring your own bottle) permitted at any time including banquet operations				nquet operations?	☐ Yes	☐ No	
	b. Where isc. Who pout	ons allowed to s BYOB alcohol l Irs/serves/mixe	kept on premis s alcoholic drin	es? ks?			☐ Yes	□ No	
31.	·	3 years, has ap in:	· •	_	e been cancelled	or non-renewed?	☐ Yes	□ No	

SECTION II.

32.	32. Does applicant have a valid liquor license?				☐ No		
	If yes, liquor lice						
	If no, reason for not having a valid liquor license:						
	Liquor license sta	atus:					
	Michigan Busines	ss ID#:					
33.	Has license beer	n suspended or revoked	l in the past 3 years?	☐ Yes	☐ No		
34.			tions for violation of laws or ordinances relant this location within the past 3 years?	ated to	☐ No		
	Fine/Citation Date	License Revoked or Suspended?	Description of Citation	Action take to future occur	-		
		☐ Yes ☐ No					
35.	Are facilities ava	ilable for banquets, re	eceptions or private affairs?	☐ Yes	☐ No		
	If yes, how man	y functions are handled	l annually?				
	Describe type:						
	Does/will the appalcohol?	plicant ever permit any	one other than their own employees to serv	ve Yes	□ No		
36.	Offer bottle serv	rice or set-ups?		☐ Yes	☐ No		
	a. Are patrons a	allowed to self-serve/po	our/mix alcoholic drinks?	☐ Yes	☐ No		
	b. Who pours/s	serves/mixes alcoholic d	rinks?				
	c. Is wine only	offered?		☐ Yes	☐ No		
	d. Minimum nui	mber of patrons require	ed in a group to have bottle service:	_			
37.	Does or will appl	licant ever offer:					
		ls/happy hours past 11p		☐ Yes	☐ No		
	b. Beer pong orc. Complimenta	r other drinking games? arv drinks?	,	☐ Yes ☐ Yes	∐ No □ No		
	If yes, provid	,					
	• • •	·	ffers involving unlimited alcoholic beverage	es? 🗌 Yes	☐ No		
38. Is beer offered for less than \$1.00, including during happy hours and specials?					☐ No		
39.	Is wine or liquor	offered for less than \$	1.50, including during happy hours and spe	:cials? 🗌 Yes	☐ No		
40.	What is the aver	rage age of patrons?					
41. Are patrons under legal drinking age permitted on premises?					☐ No		
42. Are patrons under the age of 21 allowed on premises after 10 pm?					☐ No		
43. Is this a fraternal club or social organization for members only?					☐ No		
44. Is the same day membership available?					☐ No		
45. Are members designated to serve alcohol, permitted to consume?							
46. Is self-service of alcohol by members permitted?					☐ No		

If yes, do dr	ive through facilities sell open conta	illiers of friixed driffks:	∐ Yes	∐ No
48. Are guns/we	eapons kept or permitted on premise	es?	☐ Yes	☐ No
If yes, where	e are they kept?			
49. Does applica	. Does applicant employ bouncers or other security personnel?			
If response	is "Yes" to above question, answer	questions below:		
Do they carr	y weapons?		☐ Yes	☐ No
Are they?	☐ Employees ☐ Independent cont	ractors 🗌 Both		
Does the ap	plicant have a written agreement wi	ith these contractors?	☐ Yes	☐ No
evidencing (ors required to provide a certificate Seneral Liability and Assault & Batte to or greater than our policy?		☐ Yes	☐ No
	imaa law anfaraamant haya baan a	llad to actablishment wit	thin past 12 months:	
50. Number of t	imes iaw emorcement nave been ca	illed to establishment wi		
	above is greater than "0", provide d			
If response	above is greater than "0", provide d	etails:		
If response a	above is greater than "0", provide d		City, State, Zip	
If response of the state of the	above is greater than "0", provide d	etails:		AI/CH
If response of the state of the	above is greater than "0", provide d	etails:		
If response a	above is greater than "0", provide d	etails:		
If response a	above is greater than "0", provide d sureds: Relationship/Interest uor Liability Carrier:	etails:		
If response a CTION III. 51. Additional Ir Name 52. Expiring Lique Effective Date	above is greater than "0", provide d sureds: Relationship/Interest uor Liability Carrier:	Address		
If response a CTION III. 51. Additional Ir Name 52. Expiring Lique Effective Date Expiring Presented at the second sec	above is greater than "0", provide d sureds: Relationship/Interest uor Liability Carrier: Expiration	Address		
If response a CTION III. 51. Additional Ir Name 52. Expiring Lique Effective Date Expiring Presented at the second sec	above is greater than "0", provide d sureds: Relationship/Interest uor Liability Carrier: te: Expiration mium: \$ cy Limits: \$	Address		

☐ Yes

☐ No

47. Are there drive-through facilities?

FRAUD WARNINGS

FOR APPLICANTS IN THE FOLLOWING STATES:

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 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.

DISTRICT OF COLUMBIA – 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.

FLORIDA – 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 of the third degree.

MARYLAND – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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.

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 quilty of insurance fraud.

OKLAHOMA – **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.

OREGON – Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information, information concerning any material fact, may have committed a fraudulent insurance act, which may be a crime and may subject the person to penalties.

PUERTO RICO – Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

FOR APPLICANTS IN ALABAMA, ARKANSAS, ARIZONA, LOUISIANA, NEW MEXICO AND WEST VIRGINIA:

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

FOR APPLICANTS IN MAINE, TENNESSEE, VIRIGINA 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 may include imprisonment, fines or denial of insurance benefits.

FOR APPLICANTS IN ALL OTHER STATES:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or claim containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

WARRANTIES AND REPRESENTATIONS

In submitting this Application, the undersigned warrants and represents that:

- a) The information in this Application and all attachments are true and complete as of the date submitted;
- b) Founders Insurance Company may, and is intended to rely upon such information in determining whether to issue insurance coverage and, if so, at what premium and upon what terms;
- c) Upon any change in circumstances which bear upon the accuracy or completeness of the undersigned's representations herein, he/she shall notify Founders Insurance Company immediately in writing and such notice shall become a part of this Application;
- d) Founders Insurance Company may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this Application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- e) Neither the insured nor any principal with a control interest in the insured, has filed for bankruptcy within 12 months prior to the date the application is signed;
- f) General Liability insurance is carried by the insured at limits equal to or greater then Liquor Liability on our policy;
- g) The insured has and will maintain a valid liquor license prior to the insured selling, serving or distributing alcohol.
- h) The undersigned authorizes all former liability insurers and all accounting firms to disclose to Founders Insurance Company and/or its agents all available information concerning the undersigned's prior underwriting or claims history and liquor purchases and receipts, and releases all such former liability insurers and accounting firms, Founders Insurance Company and its agents from any liability resulting from such disclosures and use, even if such information is incomplete or erroneous;
- Upon submission of this application and at any time thereafter the undersigned shall make available to Founders Insurance Company and its agents access to the premises and operations to be insured for an inspection and copies of the last four (4) calendar quarters of sales tax returns;
- j) The submission of this Application shall not bind Founders Insurance Company or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage; and
- k) Should Founders Insurance Company issue insurance coverage which is accepted by the undersigned:
 - 1) The undersigned shall allow Founders Insurance Company to audit its books, records, and operations, including an audit of the estimated liquor receipts to ensure their accuracy and/or actual liquor receipts for any relevant time period;
 - 2) The undersigned shall maintain accurate books and records of its liquor receipts for three (3) years following policy expiration and shall send to Founders Insurance Company copies of any documents requested;
 - 3) The premium payable for the insurance coverage is a deposit premium only and may be adjusted by Founders Insurance Company at any time during the policy period and up to three years after its expiration based upon the rates in effect at policy inception; and
 - 4) The undersigned shall pay any additional premium due to Founders Insurance Company within fifteen (15) days of receipt of an invoice.

Applicant's Signature:		Title:		Date:	
	(Required)		(Required)		(Required)
Agent's Signature:		Date:			
	(Required)		(Required)		