

ALLIED UNDERWRITING, INC

P.O. Box 1665
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Phone 205-663-3600

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LIQUOR LIABILITY APPLICATION

(Please reply to all questions)

APPLICANT INFORMATION	Desired Effective Date: _____
1. Name of Applicant: _____ DBA: _____	
2. Mailing Address: _____ City: _____ State: _____ Zip: _____	
3. Location of Premises: _____ City: _____ State: _____ Zip: _____	
4. Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____	
5. Years of Experience in the Alcohol Serving Business: _____ Years at Current Location: _____	
6. Is name on Liquor License same as above? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ Type of License: _____ License/ Permit Number: _____	

TYPE OF OPERATION		
7. A. <input type="checkbox"/> Tavern or bar without entertainment and annual alcohol beverage receipts over \$100,000. B. <input type="checkbox"/> Tavern or bar with entertainment, nightclub, or bowling alley. C. <input type="checkbox"/> Tavern or bar without entertainment and annual alcohol receipts under \$100,000. D. <input type="checkbox"/> Restaurant (over 50% food), hotel, motel, or private club that serves food. E. <input type="checkbox"/> Private Club (no food). F. <input type="checkbox"/> Package liquor store, convenience store, or gas station. G. <input type="checkbox"/> Manufacturer, wholesaler, or distributor. H. <input type="checkbox"/> Special event (includes supplemental application). I. <input type="checkbox"/> Other (describe in detail on separate page).		
8. Do you dispense or provide alcoholic beverages for any events off-premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____		
9. Name of Bookkeeper: _____ Phone: _____		
10. Estimated Sales:		
	Past 12 Months	Next 12 Months
<i>Gross Alcohol Sales</i>		
<i>Gross Sales (all other)</i>		

COVERAGE INFORMATION		
11. Primary Limits Desired: _____ Each Common Cause: _____ _____ Aggregate		
12. Form Type: <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made. Retroactive Date: _____ Prior Policy Limits: _____		
13. Previous Liquor Liability Carrier: _____ Premium: _____ Limits: _____ Policy #: _____ Effective Dates: _____ Ever Canceled or Renewed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why? _____		
		11. a. Terrorism Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does the applicant's establishment have any of the following?		
<input type="checkbox"/> Pinball Machines	How many? _____	<input type="checkbox"/> Juke Box
<input type="checkbox"/> Video Games	How many? _____	<input type="checkbox"/> Dock/ Deck Area
<input type="checkbox"/> Pool Tables	How many? _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Dart Boards	How many? _____	
<input type="checkbox"/> Volleyball Courts	How many? _____	<input type="checkbox"/> None

15. Does applicant have any entertainment? Yes No
 If yes, check all applicable: # of nights per week
 Live Music If yes, what kind: _____ # _____
 Piano # _____
 DJ # _____
 Karaoke # _____
 Dancers/ Topless # _____
 Other: _____ # _____
16. Does applicant allow dancing? Yes No If yes, square foot of dance area? _____
17. Any special promotions such as happy hour, 2-for-1 drinks, doubles, etc.? Yes No
 If yes, describe: _____
18. Hours of operation:
- | | Mon. – Thurs. | Friday | Saturday | Sunday |
|-------|---------------|--------|----------|--------|
| Open | | | | |
| Close | | | | |
19. Latest hour of service allowed on liquor license? _____
20. Seating Capacity: Dining Room: _____ Bar: _____
21. Can/Are facilities rented out for special events? _____
22. Number of employees per shift: Mgrs. ____ Bartenders ____ Waitstaff ____ Kitchen ____
23. Bouncers or Security? No Yes If yes, how many? _____
24. Does applicant have an age identification checking system? Yes No Describe: _____
25. Are underage patrons allowed on the premises? Yes No
26. What is the average age of clientele? (%) 21-25 _____; 26-30 _____; 31-40 _____; 40+
27. Patrons That Arrive by Auto (%): _____
28. Does applicant require employees to complete an Alcohol Awareness training program? Yes No
 Are there formal procedures for preventing a noticeably intoxicated person from driving? Yes No
29. Does applicant keep a gun on the premises? Yes No
30. Have there been any liquor related claims or incidents in the past 5 years? Yes No
 If yes, provide full details on separate page including amount paid/ reserved, closed/open, carrier, date of incident, claimants, and extent of injuries.
31. Is the applicant aware of any incidents or circumstances that may give rise to a claim? Yes No
32. Has the applicant or any other owner, partner, or licensee had a liquor license revoked or suspended in the past? Yes No If yes, provide full details _____
33. Is general liability coverage carried? Yes No If yes, provide the following
 Carrier _____ Limits _____ Policy Period _____ Premium _____

NOTICE TO THE APPLICANT

WARRANTY:

The signing of this application does not constitute a binder of insurance. However, should liability be accepted by this company, the information contained herein shall be the basis of the insurance coverage.

NAME (print): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

SUBMITTING PRODUCER INFORMATION

NAME (print): _____

SIGNATURE: _____ DATE: _____