

Continental Western Group

Continental Western Insurance Company • Union Insurance Company

Agent: _____

LIQUOR LIABILITY INSURANCE APPLICATION

1. Applicant:
2. a. Mailing Address: _____ b. Telephone Number: _____ c. Premise Location: _____ d. Telephone Number: _____
3. Effective Date: _____ Name of Licensee: _____ License #: _____ Entity is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other _____
4. Limits of Liability: ALL except Illinois, Iowa and Utah \$ _____ each Common Cause Limit \$ _____ Aggregate Limit ILLINOIS ONLY \$ _____ each Person Bodily Injury Limit \$ _____ each Person Property Damage Limit \$ _____ Loss of Means of Support or Loss of Society Limit IOWA ONLY \$ _____ each Common Cause Limit \$ _____ each Person Bodily Injury Limit \$ _____ each Common Cause Bodily Injury Limit \$ _____ each Person Loss of Means of Support Limit \$ _____ Common Cause Loss of Means of Support Limit UTAH ONLY \$ _____ each Person Limit \$ _____ each Common Cause Limit \$ _____ Aggregate Limit
5. Receipts: Alcoholic Beverages \$ _____ (Past 12 months) \$ _____ (Estimated next 12 months) Food \$ _____ (Past 12 months) \$ _____ (Estimated next 12 months)
6. Description of Operations: _____

7. Underwriting:

(a) Losses. Has the applicant, or any owner, partner, officer, member or licensee incurred any claims for Liquor Liability in the past 3 years? Yes No. If yes, explain: _____

Is the applicant aware of any incidents, which may lead to a claim? Yes No. If yes, give details: _____

(b) Have there been any fights among patrons in the past year? Yes No. If yes, give details: _____

(c) Does the applicant provide formal training or guidance for employees with respect to handling of minors or intoxicated customers? Yes No. {If yes, attach copy of certificate if trained by professional training organization.}

(d) Is management notified prior to stopping service to patrons? Yes No If yes, give details: _____

Is documentation kept on each incident? Yes No If yes, give details: _____

(e) Is there a Happy Hour? Yes No

Reduced priced drinks? Yes No

(f) Licensee. Has the applicant, or any owner, partner, officer, member or licensee ever had a license revoked, refused or suspended? Yes No. If yes, give details: _____

(g) Previous Carrier: _____ Exp. Date: _____ Premium: \$_____

Policy Number: _____ Limit of Liability: _____

Ever cancelled or non-renewed? (not applicable in Missouri) Yes No If yes, Explain: _____

(h) Years in business at this location under current ownership: _____

If under 2 years, give previous experience: _____.

(i) Has applicant ever been fined or cited for violations of a law or ordinance relating to sales of alcohol? _____

(After hours, minor, etc.) Yes No If yes, give details: _____

8. Normal Open/Closing hours: Mon-Thurs _____ Fri _____ Sat _____ Sun _____

9. Does applicant have entertainment: Yes No If yes, type: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in CO, NE, OH, OK, or OR)

APPLICATION MUST BE SIGNED BY APPLICANT

Applicant's Name (Print) _____

Applicant's Signature _____ **Date Signed** _____

Licensed Agent/Producer's Signature _____ **Date Signed** _____