



# Supplemental Questionnaire for Liquor Liability Coverage

This is a supplemental questionnaire to the General Liability application.

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

Applicant Information	
Applicant Name:	

Limits of Liability	
Each Common Cause	Aggregate
\$	\$

Liquor License Information	
Name on License:	
Type of License:	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent

Estimated Annual Receipts	
Liquor Receipts:	\$
Food Receipts:	\$
Other:	\$

1. How many years has the applicant been in business?		years
2. Has the applicant ever been assessed a fine or violation of a law concerning the sale of alcohol, or has the liquor license ever been suspended, revoked, or non-renewed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "yes", please explain:		
3. What is the type of clientele?	<input type="checkbox"/> Area residents <input type="checkbox"/> Area workers <input type="checkbox"/> Tourists <input type="checkbox"/> College students	
4. Percent of Clientele Age:		
Under 25 years old: ____%	25-30 years old: ____%	Over 30 years old: ____%

Entertainment (check all that apply)				
<input type="checkbox"/> Live Music	<input type="checkbox"/> Dancing	<input type="checkbox"/> DJ	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Pool Table(s)
<input type="checkbox"/> Dart Board(s)	<input type="checkbox"/> Pinball Machines	<input type="checkbox"/> Gambling Devices	<input type="checkbox"/> Electronic Games	<input type="checkbox"/> Mechanical Devices

1. Are there any other activities that would include patron participation?								
2. What days of the week is the location open?	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	
3. What are the hours of operation?				AM/PM				AM/PM
4. What are the hours of serving?				AM/PM				AM/PM
5. Have all servers been through alcohol awareness training (i.e. TIPS, ASK) prior to serving?	<input type="checkbox"/> YES <input type="checkbox"/> NO							
If "yes", what type of course:								
How often is the course required?								

6. Is identification of all patrons checked prior to being served?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Is there a ride home policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Is management notified prior to refusing to serve?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are records kept of refusal to serve?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Are there any Happy Hours, 2-for-1 specials, or similar drink specials?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Is 'Last Call' announced?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Security**

1. Employees:	
# of Bouncers: _____	Armed? <input type="checkbox"/> YES <input type="checkbox"/> NO
# of Doormen: _____	Armed: <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Contractors:	
# of Bouncers: _____	Armed? <input type="checkbox"/> YES <input type="checkbox"/> NO
# of Doormen: _____	Armed: <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is there surveillance video during the hours of operation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are there procedures in place for violent or disruptive patrons?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Catering**

1. Does caterer provide liquor or bartending service?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Number of events per year?	_____
3. Average number of guests per event?	_____

**Disclaimer and Signature**

*The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this questionnaire. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior questionnaire to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct, and complete to the best of his/her knowledge.*

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Licensed Producer, Broker,  
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COVERAGE CANNOT BE ISSUED UNLESS THE QUESTIONNAIRE IS PROPERLY SIGNED AND DATED.