



Erickson-Larsen, Inc.
 6425 Sycamore Court N.
 Maple Grove, MN 55369-6028
 Phone (800) 442-3168 – Fax (763) 535-4051

Bjornson/Sentinel-E&L
 P.O. Box 2827
 Fargo, ND 58108-2827
 Phone (800) 284-0965 – Fax (701) 232-2529

Erickson-Larsen, Inc.
 P.O. Box 8156
 Madison, WI 53708-8156
 Phone (888) 249-6050 – Fax (608) 249-5874

APPLICATION FOR LIQUOR LIABILITY INSURANCE

Please show name exactly as it appears on the License

Applicant's Name: _____
 D.B.A.: _____
 Mailing Address: _____

 Location: _____

 Contact Name: _____
 Phone: _____
 Website: _____

Agent's Name: _____
 Address: _____

 Phone: _____
 Fax: _____
 Email Address: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time at the address of the applicant

Complete one application for each location

Applicant is: Individual Corporation Joint Venture Partnership Other _____

1. Do all professionals, and the business, have current licenses where required by statute? Yes No

2. Type(s) of License? On Sale Off Sale Beer Wine Liquor

3. Indicate type of area of location: Residential Resort Rural Suburban
 Downtown Commercial (Non-Industrial) Industrial

On or near a college campus? Yes No If yes, distance away? _____

4. License Period: _____ To _____ Type of License: _____

5. Certificate Holder and/or Municipality Name and Address: _____

6. General Liability Carrier: _____ Occurrence Limits: _____

Expiration Date: _____ Aggregate Limits: _____
G.L. limits must be equal or greater than the liquor limits

7. Is assault & battery excluded on your G.L. policy? Yes No

8. **(Minnesota Only)** Is the applicant a member of the MLBA? Yes No

9. **(Minnesota Only)** Limits of Liquor Liability Requested (000's Omitted):
Bodily injury-each person/Bodily injury- each common cause/Property Damage-each common cause/Loss of Means of Support-each person/Loss of Means of Support - each common cause/Annual Aggregate

- \$50/100/10/50/100/300
 \$100/100/100/100/100/300
 \$300/300/300/300/300/300
\$500/500/500/500/500/500
 \$1,000/1,000/1,000/1,000/1,000/1,000

10. **(All Other States)** Limits of Liquor Liability Requested (000's Omitted)
Each Common Cause/Annual Aggregate

- \$50
 \$100
 \$300
 \$500
 \$1,000

Aggregate: Same Limit Double Limit

11. Requested deductible:
 (Deductible applies per claim incl defense expense for claims)
\$500
\$1,000
\$2,500
\$5,000

BUSINESS DESCRIPTION

12. Type of Business:
- | | | |
|--|--|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Liquor Store / Off Sale Only |
| <input type="checkbox"/> Country Club | <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Private Club (Serving Members & Guests Only) |
| <input type="checkbox"/> Topless/Nightclub | <input type="checkbox"/> Tavern or Bar | <input type="checkbox"/> Hall for Rent |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Distributor | <input type="checkbox"/> Off-Premises Caterer |
| <input type="checkbox"/> Grocery Store | | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Municipal Liquor Store with |
| | | <input type="checkbox"/> On Sale <input type="checkbox"/> Off Sale |
- Other(Please Describe): _____

If private club, indicate type (be specific) and purpose: _____

REVENUES

13. Total Gross Annual Receipts:	Prior 12 Months	Current 12 Months
Food:	\$ _____	\$ _____
Liquor – On Sale:	\$ _____	\$ _____
Liquor – Off Sale:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Total Gross Receipts:	\$ _____	\$ _____

Please describe Other: _____

(If applicant has more than one operation at the same location, please provide breakdown of receipts by operation in the notes section)

BUSINESS ACTIVITIES

14. Number of years in business at this location under current ownership? _____
15. If less than 3 years please describe prior experience: _____
16. How many years has the manager worked at this establishment in capacity as manager? _____
17. As of this date, how many years has insured consecutively held liquor license at this establishment? _____
18. Population of city or town where establishment is located: _____
- % of clientele ages: 20's _____ % 30's _____ % 40+ _____ %

19. Average age of patrons: _____
20. Are all ID's checked: Yes No
 Does applicant allow anyone under 21 on premises? Yes No
 If yes, explain: _____
21. Number of police calls within the last year: _____ Type of calls? _____
22. Percent of patrons arriving and departing by automobile? _____ %
 Do you provide free rides home to intoxicated patrons? Yes No
23. Square footage of premises: Bar _____ Restaurant _____ Other _____
24. Maximum capacity of premises allowed by law? _____
25. Maximum number of patrons on premises at any one time? _____
 Average number of patrons on premises at any one time? _____
26. Do you offer any of the following drink specials:
- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Happy hour | <input type="checkbox"/> Complimentary drinks | <input type="checkbox"/> All you can drink | <input type="checkbox"/> Ladies Night | <input type="checkbox"/> 2 for 1 drinks |
| <input type="checkbox"/> Drinking contests | <input type="checkbox"/> Drinks over 24oz. | <input type="checkbox"/> Whole liquor bottle service or setup | <input type="checkbox"/> College Night | <input type="checkbox"/> Singles Night |
| <input type="checkbox"/> Athletic Contest or Events | | <input type="checkbox"/> Double for single prices | | |
| <input type="checkbox"/> BYOB(Bring your own bottles) | | <input type="checkbox"/> Other promotional Events | | |

If Yes, **Describe and include days and hours offered** (such as 2 for 1, food only provided, 2 price, ect) Be specific:

ENTERTAINMENT

27. Is entertainment provided? Yes No
 If yes, how many days per week: _____
- Check all that apply:
- | | | | | | |
|--|-----------------------------------|---|-----------------------------------|--|-----------------------------|
| <input type="checkbox"/> Band | Number of performers? _____ | <input type="checkbox"/> Juke Box | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Dancing | <input type="checkbox"/> DJ |
| <input type="checkbox"/> Rock | <input type="checkbox"/> Old Time | <input type="checkbox"/> Country | <input type="checkbox"/> Pop/Jazz | <input type="checkbox"/> Movies/Videos | |
| <input type="checkbox"/> Nude Dancers/Nude Reviews | | <input type="checkbox"/> Exotic Dancers | | <input type="checkbox"/> Comedy Shows | |
- Other (Describe): _____
28. Do Independent Contractors provide certificate of insurance? Yes No
29. Is there a dance floor? Yes No
 If yes, square feet of dance floor? _____
30. Do you have a cover charge? Yes No
 If yes, how often: _____ Annual Receipts? _____

31. Does establishment have amusement devices? Yes No

If yes, indicate number each/times per year:

- Electronic Games _____ Pool Tables _____ Pinball Machines _____
 Velcro Jumping _____ Darts _____ Bungee Jumping _____
 Mechanical Rides _____ Shuffleboards _____ Foosball, Bowling, ect. _____
 Other(Describe): _____

STAFFING

32. Number of employees: _____

33. Number of bartenders? _____ Number of employees serving alcoholic beverages? _____

34. Maximum number of employees (including owners and managers) on duty at any one time? _____

35. Please describe hiring practices: _____

36. Any security (Guards, bouncers, door-person, videotaping, ect.)? Yes No

If yes, How often? _____ How many? _____

- Employee Independent/Contracted Off Duty Police Officers Armed Unarmed

If Independent, Contracted or Off Duty Police Officers, are they required to provide:

- Certificate of Insurance Hold Harmless

37. Are there procedures for handling violent and/or disruptive patrons? Yes No

Describe: _____

38. Are all alcohol servers certified in a formal alcohol-training course (TIPS/TOPS, or other)? Yes No

39. Do you provide written procedures for employees regarding service to minors and intoxicated person? Yes No

If no formal training or written procedures, describe training: _____

40. Are all servers trained within (60) days of employment? Yes No

Name of program: _____ Date completed: _____

Number of employees completed program: _____ Number of employees not completed program: _____

Date of intent to complete: _____

41. Price of Bottled Beer: _____ Price of mixed drink: _____

42. Normal open/close hours (regular or seasonal): Monday - Thursday _____

Friday _____ Saturday _____ Sunday _____

43. Please describe any sponsored events ON or OFF the Named Insured's premises (Type, number, alcohol sales, contests, ect.):

44. Does establishment rent out facility for banquet, weddings, etc.? Yes No

If yes, number of times per year: _____

If yes, who supplies liquor? _____ Who supplies bartender? _____

45. Has applicant or this establishment ever been charged, cited or fined by ABC commissions or other governmental regulators? (After hours, minors, ect.) Yes No

If yes, explain: _____

46. Has applicant or this establishment ever had its alcohol beverage license suspended or revoked? Yes No

47. Has liquor liability coverage ever been canceled or non-renewed? Yes No
If yes, attach explanation.

SPECIAL EVENTS

48. Does your special event have a liquor license? Yes No

If "No" to the above, does the event have a subcontracted liquor vendor with license? Yes No

49. Is Liquor served in a fenced off area (permanent or temporary)? Yes No

50. Is there a procedure for checking ID's of patrons entering the liquor-serving area? Yes No

51. Is there a limit to the number of alcoholic beverages served to a patron at any one time? Yes No

If yes, what is the drink limit? _____

PRIOR INSURANCE

52. Please show liquor liability insurer(s) for the past five (5) years

Year	Insurance Company	Limits	Policy Number	Premium

LOSS HISTORY

53. Have you had any liquor liability claims insured or uninsured in the past five (5) years? Yes No If yes, please list

Date of Loss	Description of Loss	Amount Paid	Reserve Amount	Total Incurred

Include copies of Insurance Company loss runs. **If yes, Explain and include Date of Loss, Amount Paid, Amount Reserved and Total Incurred.**

54. Was your last liability coverage on a claims made coverage form? Yes No
Is this application for claims made form? Yes No If yes, is Prior Acts Coverage desired? Yes No
If yes, attach a copy of current declarations page showing retroactive date.

55. Do you have any knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from you establishment which occurred after the requested effective date and prior to the completion of this application? Yes No

If yes, explain in detail including name of injured party and date of incident: _____

ADDITIONAL NOTES

56. Please provide any additional information: _____

NOTICE TO APPLICANT

Provisions of this policy include a 25% Minimum Earned Premium.

Premium shown in this policy as Advanced Premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period. Audit premiums are due and payable on notice of the first Named Insured.

The claims made liquor liability form only provides coverage for "injury" which occurs after the retroactive date and of which you had no knowledge prior to the effective date shown on the policy. All claims must be reported in writing to the insurance company during the coverage prior to this policy. I fully understand this limitation.

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I AGREE TO SUBMIT MY RECORDS FOR AUDIT BY THE COMPANY UPON TERMINATION OF EXPIRATION OF THIS POLICY FOR THE DETERMINATION OF ACTUAL GROSS RECEIPTS DURING PERIOD OF COVERAGE, IF REQUESTED.

Audit Information - MUST BE COMPLETED

The applicant understands that the premium for this coverage is based on an estimated liquor, beer, and wine sales and that the company, at its option, may elect to audit this policy upon expiration to obtain actual sales for this policy period.

Audit figures should be obtained from:

Insured

Insured's Accountant

Accounting Firm: _____ Person to Contact: _____

Address: _____

Telephone: _____

Signature of Applicant: _____

Title (Must be Owner or Manager): _____ Date Complete: _____

Signature of Producing Agent: _____ Date: _____