

Liquor Liability



email: hello@everstrongassurance.com | phone: 515.348.6578

SECTION 1

APPLICANT INFORMATION

Legal Name of Applicant: _____ DBA: _____
(Doing Business As)

Premises Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Email: _____ Phone: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

1.1 Applicant is: Owner of Premises Tenant

1.2 Type of Establishment: Choose **ONE** Other: _____

1.3 Years operating at this location: _____

1.4 Valid liquor license? Yes No Pending

1.5 Liquor License Number: _____

SECTION 2

HOURS, OCCUPANCY & OPERATIONS

2.1 Hours of Operation (Open/Close)

Monday _____ to _____ Friday _____ to _____

Tuesday _____ to _____ Saturday _____ to _____

Wednesday _____ to _____ Sunday _____ to _____

Thursday _____ to _____

2.2 Maximum permitted occupancy: Under 100 100-250 250-500 Over 500

2.3 Total square footage of premises: _____

2.4 Seating Capacity: _____

2.5 Beer and wine only: Yes No

2.6 Approximately what percentage of alcohol sales occur after 12:00 AM?:

0% (establishment closes before midnight) 1-25% 26-50% 51-75% Over 75%

2.7 Drive-through alcohol sales: Yes No

2.8 Outdoor Alcohol Service. Does the establishment serve alcohol in outdoor areas?

No Patio only Sidewalk seating Rooftop seating Outdoor entertainment area

If **YES**: Approximate outdoor occupancy: _____



SECTION 5

SECURITY & LOSS CONTROL

- 5.1 Does the establishment employ security personnel or bouncers? Yes No
- 5.2 Security personnel are: Employees Independent contractors Not applicable
- 5.3 Do security personnel carry weapons? Yes No Not applicable
- 5.4 Are security personnel permitted to consume alcohol while working? Yes No Not applicable
- 5.5 Are security cameras used? Yes No
- If **YES**, camera locations: Interior Exterior Both

SECTION 6

GAMING, RECREATIONAL & ACTIVITY EXPOSURES

- 6.1 Does the establishment offer any of the following activities, games, or attractions? Check all that apply:
- None Pool Tables / Billiards Arcade Games Darts Shuffleboard Foosball
- Cornhole Golf Simulators Mechanical Bull Axe Throwing Duckpin / Boutique Bowling
- Escape Rooms Boxing / Wrestling Events Casino / Gambling Activities Adult Entertainment
- Other, describe: _____
- 6.2 Are waivers or participant releases required for any activities? Yes No Not applicable
- 6.3 Are any activities supervised by employees? Yes No Not applicable
- 6.4 Are minors permitted on premises? Yes No
- If **YES**: All operating hours Limited hours only
- 6.5 Are activities separated from primary alcohol consumption areas? Yes No Not applicable

SECTION 7

ENTERTAINMENT & PROMOTIONS

- 7.1 Do patrons typically wait in line outside to enter the establishment?
- Never Occasionally (special events) Weekends Most operating nights
- 7.2 Does the establishment charge a cover charge for entry? Yes No
- 7.3 Does the establishment offer live entertainment, DJs, or bands? Yes No
- 7.4 Does the establishment have a dance floor? Yes No
- 7.5 Does the establishment offer drink promotions or specials? Yes No
- 7.6 Do any promotions involve unlimited or flat-fee alcohol consumption? Yes No
- 7.7 Does the establishment offer any of the following promotions?
- Two-for-one drinks All-you-can-drink specials Drinking games Ladies' night discounts None



**SECTION 8
SPECIAL EVENTS**

8.1 Does applicant host or sponsor special events? Yes No
If **YES**: New Year's Eve St. Patrick's Day Oktoberfest Other: _____

**SECTION 9
POINT OF SALE SYSTEM**

9.1 POS system used: Toast Square Aloha Other _____ None

**SECTION 10
LOSS HISTORY**

10.1 Number of times police have been called to the premises in the past 12 months: _____

10.2 Any assault, battery, or altercation incidents in past 5 years? Yes No
If **YES**;, describe: _____

10.3 Any liquor liability claims in the past five years? Yes No
If **YES**;, describe: _____

**SECTION 11
SALES & RECEIPTS INFORMATION**

11.1 Annual Food Sales: \$ _____
11.2 Annual Alcohol Sales: \$ _____
11.3 Annual Non-Alcohol Beverage Sales: \$ _____
11.4 Annual Packaged Alcohol Sales: \$ _____
11.5 Annual Cannabis Beverage Sales (if permitted by law): \$ _____
11.6 Other Sales: \$ _____
11.7 Total Annual Gross Receipts: \$ _____



REPRESENTATIONS, AUDIT AGREEMENT, AND FRAUD NOTICE

The undersigned applicant represents that the statements and information contained in this application, and any attachments or supplemental materials, are true, complete, and correct to the best of their knowledge and belief. The applicant understands that EverStrong Assurance Company and its authorized representatives will rely upon the information provided in this application in determining eligibility for coverage and in establishing the terms, conditions, and premium for any policy issued.

The applicant agrees to notify the insurer promptly of any material change in the information provided in this application prior to the inception of coverage or during the policy period.

The applicant further represents that the insured premises holds a valid liquor license and will maintain compliance with all applicable alcohol service laws, regulations, and licensing requirements.

The applicant agrees to maintain accurate records of alcohol sales and understands that any policy issued may be subject to audit based upon actual liquor receipts or other relevant exposure information.

Any person who knowingly and with intent to defraud an insurance company or other person files an application containing materially false information or conceals information concerning any material fact commits a fraudulent insurance act which may be a crime and may subject the person to criminal and civil penalties.

Agent Signature: _____ Applicant Signature: _____

Agent Print Name: _____ Applicant Print Name: _____

Dated: _____ Title: _____

Dated: _____

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