Liquor Liability

EverStrong™ ASSURANCE

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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** Fraternal Organization ☐ Other: _____

1.3 Years operating at this location: _____

1.4 Valid liquor license? ☐ Yes ☐ No ☐ Pending

1.5 Effective Date: _____ Expiry Date: _____

1.6 Liquor Liability Limits

- ☐ $50,000 / $100,000 Split Limit
- ☐ $150,000 Each Common Cause / $300,000 Aggregate
- ☐ $300,000 Each Common Cause / $600,000 Aggregate
- ☐ $500,000 Each Common Cause / $1,000,000 Aggregate
- ☐ $1,000,000 Each Common Cause / $2,000,000 Aggregate
- ☐ Other: _____

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 3

OWNERSHIP & MANAGEMENT

3.1 Is the owner or managing partner regularly present during operating hours? ☐ Yes ☐ No

3.2 Average hours owner/manager present per week: _____

3.3 If owner not regularly present, provide manager information:

Manager Name: _____

Years with business: _____ Years management experience: _____

3.4 Estimated average patron age: ☐ 21-29 ☐ 30-39 ☐ 40-49 ☐ 50+

3.5 Is there a college/university within one mile? ☐ Yes ☐ No

SECTION 4

ALCOHOL SERVICE PRACTICES

4.1 Primary alcohol service method: ☐ Primarily table service (servers deliver drinks)
☐ Mixed table and bar service
☐ Primarily bar service (patrons order at bar)
☐ Standing bar service only (limited seating)

4.2 Number of alcohol servers: _____

4.3 Alcohol service training provided: ☐ None ☐ Annual training ☐ Continuous training program (Good Shift or equivalent)

4.4 Are employees permitted to drink alcohol while working? ☐ Yes ☐ No

4.5 Is alcohol service stopped before closing time? ☐ Yes ☐ No

If **YES**, how long before closing? ☐ 15 minutes ☐ 30 minutes ☐ 45 minutes ☐ 60 minutes ☐ Other _____

4.6 How are patron IDs verified? ☐ Visual check only ☐ ID scanning system ☐ Both

4.7 Are written incident logs maintained? ☐ Yes ☐ No

If **YES**, how long are incident logs retained? ____ years

4.8 Cannabis Exposure: Does the establishment permit or offer cannabis-related products?

☐ No cannabis exposure ☐ THC-infused beverages only (where permitted by law)

☐ CBD beverages only ☐ On-premises cannabis consumption permitted

☐ Dedicated cannabis consumption area

If cannabis beverages are sold:

4.12 Are cannabis beverages sold through the same POS system as alcohol sales? ☐ Yes ☐ No

4.13 Are cannabis products consumed concurrently with alcohol service?

☐ Yes ☐ No ☐ Not permitted ☐ Not applicable

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: $ 0

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: _____

Agent Print Name: _____

Dated: _____

Applicant Signature: _____

Applicant Print Name: _____

Title: _____

Dated: _____