

CENTURY SURETY GROUP
LIQUOR LIABILITY APPLICATION
(Complete a Separate Application for each location)

1. Name of Applicant(include dba): _____
2. Mailing Address: _____
3. Location Address: _____
4. Applicant is: Individual Partnership Corporation LLC Other
If other, explain: _____
5. Location is: Bar or Tavern Caterer Country Club Mini Mart without Gas
 Mini Mart with Gas Motel/Hotel Package Store Private Club
 Restaurant Special Event (short term) Sports Bar
 Supermarket or Grocery Store Other (explain): _____
(Note: If more than one of the above applies at this location then "x" each applicable box)
6. If private club, indicate type (be specific) and purpose: _____

7. Type(s) of Liquor License? On Sale Off Sale
 Beer Wine Liquor
8. Show Hours and Days of Operation: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____ Sunday _____
9. Show Receipts: Estimated Next 12 Months Last 12 Months
a. Alcoholic Beverages _____
b. Food _____
c. Other _____
10. Indicate type of area where you are located: Commercial (Non-Industrial) Downtown Industrial
 Residential Resort Rural Suburban
11. Do you have any of the following? Athletic Contests or Events Bouncers Comedy Shows
 Dance Floor Dart Board Disc Jockey Doorman
 Exotic Dancers ID Checkers Live Music Mechanical Rides
 Movies or Videos Pinball Machines Pool Tables Shuffleboard
 Security Guards (employees) Video Games Nude Dancers or Nude Reviews
 Security Guards*(independent) Firearms on premises
*Do independent contractors carry liability insurance and provide certificates? Yes No
If you x'd any of above boxes, explain in detail (be specific about type of music provided, etc.): _____

Night Clubs (or any risk where entertainment is a primary function) is only written on a claims made form.

12. Do you sponsor or provide any of the following? Double for single prices Free Alcoholic Drinks
 Ladies Night 2 for 1 drinks Singles Night Drink Specials
13. Percent of patrons arriving and departing by automobile? _____ %
14. Maximum number of employees (including owners and managers) on duty at any one time? _____
15. Maximum capacity of premises allowed by law? _____
16. Maximum number of patrons on premises at any one time? _____
17. Average number of patrons on premises at any one time? _____
18. Predominate age range of patrons? 21 - 35 26 - 35 Over 35
19. Do you allow anyone under 21 on your premises? Yes No
If yes, explain _____

- 20a. Have you or this establishment ever been charged, cited or fined by ABC commission or other governmental regulator? Yes No If yes, explain _____

- 20b. Have you or this establishment ever had its alcohol beverage license suspended or revoked? Yes No
- 20c. Number of bartenders? _____ Number of other employees serving alcoholic beverages? _____

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20d. Does this establishment have an alcohol awareness training program for the prevention of alcohol abuse?

Yes No

If yes, complete the following:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are all servers trained within sixty (60) days of employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you provide written policies and procedures to employees regarding minimum service to minors and intoxicated persons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of awareness program: _____ | | |
| 4. Do you provide free rides home to intoxicated patrons?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

21. Prior Insurance/Loss History:

Show liquor liability insurer(s) for past three (3) years:

Year	Insurance Company	Limits	Policy Number

Have you had any liquor liability claims (insured or uninsured) in the past three (3) years? Yes No

If yes, list them below:

Year	Description of Loss	Amount Paid or Reserved

22. Show insurer, policy term and limits for general liability coverage (limits must equal or be greater than the liquor liability limits) _____

23. 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.

24. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your 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:

Requested limits (in thousands) 100/100 100/300 300/300 500/500 Other _____
 Requested *Deductible \$500 \$1,000 \$2,500 \$5,000

*Deductible applies per claim including defense expense for claims.

Requested policy term: _____ to _____ Contact Person: _____ Telephone # _____

The Claims Made Liquor Liability form only provides coverage for "injury" which occurs after the retroactive date (and which you had no knowledge of prior to the effective date of this policy) shown in the policy (see #23 of this application) and reported (in writing) to the insurance company during the coverage period of this policy and I fully understand this limitation.

I declare that the above statements and particulars are true and that no fact have been suppressed or misstated and that this application form is recognized to be the basis of any policy of insurance which may be issued by the Company. The completion of this application does not bind the company to sell, and the misstatements of facts may void your coverage.

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.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____