

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
	AGGREGATE																
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

QUESTIONNAIRE – LIQUOR LIABILITY

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

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

Limits Desired: _____ Each Common Cause: \$ _____; Aggregate: \$ _____

BUSINESS DESCRIPTION

- Type of Business:
- | | | |
|--|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Off-Premises Caterer | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Bar or Tavern | <input type="checkbox"/> Hall for Rent | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Night Club | <input type="checkbox"/> Adult Entertainment Club | <input type="checkbox"/> Liquor Store |
| <input type="checkbox"/> Country Club | <input type="checkbox"/> Fraternal Club | <input type="checkbox"/> Event |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Private Club | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Concessionaire | | _____ |

REVENUES

<i>Total Gross Annual Receipts:</i>	<i>Prior 12 Months</i>	<i>Current 12 Months</i>
Food:	\$ _____	\$ _____
Alcohol (Consumption ON premises):	\$ _____	\$ _____
Alcohol (Consumption OFF premises):	\$ _____	\$ _____
Other:	\$ _____	\$ _____
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

(Note: If there are multiple locations, please submit the information requested in this section for each location.)

Years current owner has been in business at this location: _____

If less than 3 years please describe prior experience: _____

Hours of operation (regular or seasonal): _____

Square foot area the business occupies: _____

Average age of patrons: _____

Are all ID's checked: Yes No

Number of police calls within the last year:: _____



Do you offer any of the following drink specials:

- Happy hour.
- Drinks over 24 oz.
- Complimentary drinks.
- All you can drink.
- Drinking contests.
- Whole liquor bottle service or setups.

Please describe any other special offers, promotions or discounts on alcoholic beverages:

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

Please describe any fines or citations the Named Insured has received in the prior 5 years:

STAFFING

Number of Employees: _____

Please describe hiring practices: _____

Please describe training practices: _____

Any security (Guards, bouncers, door-persons, videotaping, etc.)? Yes No

Please describe: _____

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

ENTERTAINMENT

Music / DJs? Yes No

Dance floor? Yes No

Live music? Yes No

Types: _____

Area of Dance floor: _____

Num. of performers: _____

Types: _____

Cover charge: Yes No

How often: _____

Please describe ANY other type of entertainment (Amusement devices, shows, etc): _____

SPECIAL EVENTS

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

Is liquor served in a fenced off area (permanent or temporary)? Yes No

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

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

What is that drink limit? _____

LOSS HISTORY

Please describe ANY losses in the prior 5 years: _____

ADDITIONAL NOTES

Please provide any additional information:

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature **Title** **Date**

Producer Signature **Date**

Producer Name and Address