



United States Liability Insurance Group

Liquor Liability Renewal

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Expiring Policy Number: _____ Expiration Date: _____
 Name of Insured Including dba): _____
 Location of Insured Establishment: _____

2. Type of Business: _____

3. Has insured altered the nature of his operation over the course of the past twelve months? Yes No
 If Yes, describe: _____

4. Latest hour at which operations closes (specify am or pm) _____

	Current Policy Period	Next Twelve Months
Total gross receipts food	\$ _____	\$ _____
Total gross receipts alcoholic beverages	\$ _____	\$ _____

A. If Insured engages in sale of alcoholic beverages for on-premises consumption and off-premises consumption, provide a breakdown of revenue per exposure:

	On Premises	Off Premises
Food Receipts	\$ _____	Food Receipts \$ _____
Liquor Receipts	\$ _____	Liquor Receipts \$ _____

B. If Insured has more than one operation emanating from the same location provide a breakdown of total gross food receipts and liquor receipts by individual operation:

Restaurant Operation	Bar/Lounge Operation	Banquet Operation	Other _____
Food receipts _____	Food receipts _____	Food receipts _____	Food receipts _____
Liquor receipts _____	Liquor receipts _____	Liquor receipts _____	Liquor receipts _____

6. Does insured establishment feature entertainment? Yes No **If yes, entertainment is:**
 Incidental entertainment with or without dancing _____
 Entertainment and dancing only featured up to 12 times annually _____
 No entertainment or dancing permitted except with banquet activities _____
 Major entertainment DJ's or 4 or more member bands) 1 to 3 days per week _____
 Major entertainment DJ's or 4 or more member bands) 4 or more days per week _____
 Other, Describe _____

7. Are 100% of alcohol serving employees certified in a formal training program? Yes No If yes, which? _____

8. Are bouncers employed? Yes No

9. Within the past five years has the insured been cited by the Liquor Control commission? Yes No
 If yes, describe and advise as to date: _____

10. Within the past five years has the Insured had any reported Liquor Liability Claims? Yes No
 If yes, advise as to details, date of loss, reserve, status, etc.: _____

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice To The Insured

Warranties:

I/We warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

Signature of Applicant _____ Title _____ Date _____

(Must be owner, partner or officer)

*Signing this application does not bind the Insured or the company to complete the renewal of coverage

The state of New York requires that we have the name and address of your Insured's) authorized agent or broker.
 Name of authorized agent or broker: _____

Address: _____

Mail completed application
 through local agent or broker to: