



Associated Mutual Insurance Cooperative

Non-Binding Liquor Liability Application

Name:

Address:

Location of Premises:

Type of Occupancy: Choose one...

Limits: Choose one...

Name of Licensee (if different):

Type of License:

License #:

Years in business:

Years at this location:

Prior Insurance Company:

Prior Policy #:

Loss Experience:

Explain any losses listed:

Number of seats in the restaurant:

Number of seats at the bar:

Do you do any catering? Choose one...

On premises? Choose one...

Off premises? Choose one...

If off premises catering, do you provide...

The alcohol? Choose one...

Bartenders/Waiters? Choose one...

If on premises catering, explain type (i.e. Weddings, business meetings, etc.):

Do you sponsor any organized team activities? Choose one...

If so, please provide details of your involvement:

Are alcoholic beverages provided at these activities? Choose one...

On premises? Choose one...

Off premises? Choose one...

Hours of Operation: to

Hours kitchen is open: to

Do you have any entertainment? Choose one... Dancing? Choose one...

Bouncers? Choose one...

Drink Promotions? Choose one...

Happy Hours? Choose one...

Are there any recreational facilities? Choose one...

If yes, describe:

Are you located on a body of water? Choose one...

If yes, do you have boat docks? Choose one...

Do you have a written procedure for handling underage and/or intoxicated patrons?
Choose one...

If so, please attach a copy.

Is management notified prior to refusing to serve a patron? Choose one...

Is documentation kept on each incident? Choose one...

Do employees who serve alcohol participate in an Alcohol Awareness Training
Program? Choose one...



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Which program?

Number of employees permitted to serve alcohol:

How many employees are currently certified as having successfully completed the program?

Have you and/or your manager(s) been certified as having successfully completed the program? Choose one...

What hours are managers on premises? _____ to _____

What hours are owners on premises? _____ to _____

Have you been convicted at any disciplinary proceeding before the State Liquor Authority within the past 7 years? Choose one...

Have you been convicted of any crime or violation (other than traffic infraction)? Choose one...

If yes, please attach detailed explanation. (Please be advised that a certified copy of the disposition may be required.)

Annual Gross Receipts:

Last Year: Food: \$0.00 Liquor: \$0.00 Beer & Wine: \$0.00

Current Year: Food: \$0.00 Liquor: \$0.00 Beer & Wine: \$0.00

Next Year: Food: \$0.00 Liquor: \$0.00 Beer & Wine: \$0.00

Please be advised that prior insurance agency company loss runs and/or evidence of annual receipts may be required.

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 MATERIALLY 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.

Insured's Signature _____ Date _____

Insured Name (Print or type) _____

Title _____

Agent's Signature _____ Date _____

Agent Name (Print or type) _____