SOUTHERN SPECIALTY UNDERWRITERS, LLC.
5444 Riverside Drive
Macon, GA 31210
Phone: 478 757 7111 Fax: 478 474 9604

Liquor Liability

LIQUOR LIABILITY WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.

1. ❑ NEW ❑ RENEWAL If a renewal, provide the expiring policy number: _____
   Expiring policy term: _____ Expiring premium: _____
   Expiring carrier: _____ Expiring limit: _____
2. Name of Applicant **(List only one name per location, including legal & DBA name. Applicant should be the one responsible for the sale/service of alcohol):** _____
3. Mailing address: _____
   E-mail address: _____
   Phone number: _____ Web site address: _____
   Inspection contact name: _____ Phone number: _____
   Audit contact name: _____ Phone number: _____
4. Number of locations to be insured (complete 1 application per location): _____
5. Location address: _____
6. The applicant is: ❑ Individual ❑ Partnership ❑ Corporation ❑ LLC
   ❑ Other (describe): _____
7. Is the applicant a **non-profit Private, Fraternal or Social Club**? ❑ Yes* ❑ No
   *If yes, please answer the following:
   a. Are same-day memberships available? ❑ Yes ❑ No
   b. Are members permitted to bring more than 3 guests per day (excluding banquet activities and immediate family members)? ❑ Yes ❑ No
   c. Is self service of alcohol permitted by members? ❑ Yes ❑ No
   d. Are any single drinks sold for less than $.50? ❑ Yes ❑ No
8. How long has current owner been operating at this location? _____
9. Limits desired: Each Common Cause Limit: _____ Aggregate Limit: _____
10. Is applicant requesting Liquor Liability limits greater than General Liability limits carried? ❑ Yes* ❑ No
    ***As a condition of coverage General Liability limits must be maintained at limits equal to or greater than Liquor Liability limits.**
11. Does applicant ever sell or serve alcohol away from the premises? ❑ Yes* ❑ No
    ***If off-premises coverage is desired, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP APP, to this submission.**
12. What is the **latest hour the establishment will ever stay open?** _____ ❑ AM ❑ PM ❑ 24 hours
    a. What time does the **sale or service of alcohol cease?** _____ ❑ AM ❑ PM ❑ 24 hours
13. Type of business (check all that apply):
    ❑ Bar/Tavern ❑ Private/Fraternal Club ❑ Exotic Dancing/Strip Club ❑ Off-Premises Caterer*
    ❑ Nightclub ❑ Country Club ❑ Casino ❑ Restaurant
    ❑ Bowling Alley ❑ Banquet Hall* ❑ Pool/Billiard Hall
    ❑ Concessionaire* (describe venue): _____
    ❑ Convenience/Liquor Store/Retail Store (if operations are 100% retail with no on-premises consumption of alcohol, questions 21-24 are not applicable)
    ❑ Other (describe): _____
    ***If type of business is a banquet hall, concessionaire or off-premises caterer, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP APP, to this submission.**

14. **Gross Annual Receipts:** If applicant has more than one operation or sells alcoholic beverages for on & off premises consumption at same location, provide breakdown of receipts by operation:

	Bar/Lounge	Restaurant	Banquet	Retail Sales	Other
FOOD	$ _____	$ _____	$ _____	$ _____	$ _____
ALCOHOL	$ _____	$ _____	$ _____	$ _____	$ _____
OTHER (describe)	$ _____	$ _____	$ _____	$ _____	$ _____

15. Does applicant have a valid **liquor license?** ❑ Yes ❑ No

16. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months? ❑ Yes ❑ No

17. Are **employees or other persons permitted to consume alcohol** during their hours of employment or service? ❑ Yes ❑ No

18. Are <u>all</u> alcohol-servers certified in a **Formal Alcohol Training Course** not mandated by the state? ❑ Yes* ❑ No
    *If yes, provide name of the course: _____
    To be considered for a credit on your quote, please attach copies of the certificates to this application.
    Note: the course must be one approved by Company.

19. **Violations:** Does the applicant have knowledge of any **fines or citations** for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? ❑ Yes* ❑ No
    *If yes, provide the following information on each fine or citation:
    Date(s): _____ Description(s): _____
    Measures in place to prevent future violations: _____

20. **Claims:** Has the applicant had any reported **liquor liability and/or assault and battery claims** or notification of potential liquor liability and/or assault and battery claims within the past five years? ❑ Yes* ❑ No
    *If yes, provide the following information on each claim:
    Date(s): _____ Description(s): _____
    Total incurred losses (reserves and payments): _____ Status(open or closed): _____
    Measures in place to prevent future incidents: _____

21. Does applicant permit **"BYOB"** (bring your own bottle), bottle service or setups? ❑ Yes* ❑ No
    *If yes, explain: _____

22. Does applicant feature any **entertainment**? ❑ Yes* ❑ No
    *If yes: **Major Entertainment** (check all that apply):
    ❑ Adult Entertainment/Exotic Dancing ❑ Dance hall ❑ DJ with dancing
    ❑ Band (3 or more members, excluding jazz bands) ❑ Dueling piano bar ❑ Outdoor Concerts
    ❑ Other (describe): _____
    Number of: _____ times per week **<u>or</u>** _____ times per year
    Incidental Entertainment (check all that apply):
    ❑ Comedy shows ❑ DJ without dancing ❑ Karaoke ❑ Jazz musicians ❑ Jukebox
    ❑ Mariachi band ❑ Solo vocalist
    ❑ Other (describe): _____
    Number of: _____ times per week **<u>or</u>** _____ times per year

23. Are facilities available for **banquets, receptions or private affairs?** ❑ Yes ❑ No
    a. Number of: _____ times per week **<u>or</u>** _____ times per year
    b. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present?* ❑ Yes ❑ No*
    *If no, are persons serving alcohol who are not applicant's authorized employees or members required to carry Liquor Liability insurance with limits greater than or equal to limits covered under applicant's liquor policy? ❑ Yes ❑ No

24. Is **banquet entertainment provided** by applicant or lessees? ❑ Yes ❑ No
    a. Number of: _____ times per week **<u>or</u>** _____ times per year

25. Within the past 5 years, has applicant's liquor coverage been **cancelled or nonrenewed?** ❑ Yes* ❑ No
    *If yes, explain: _____

26. Is an **additional insured** needed? ❑ Yes* ❑ No

*For each additional insured desired, provide the following information:

a. Name: _____

b. Address: _____

c. Insurable interest: _____

FINE DINING ESTABLISHMENTS ONLY:

27. a. Average entrée price: _____

b. Average bottle of wine price: _____

c. Number of bottles of wine on the wine list: _____

STATE SECTION – Please complete the applicable section below based on the state where operations are located.

DE, KS, MD, NE, SD and VA:

Please proceed to the Fraud Statement and Warranty Statement section below.

ALL OTHER STATES:

28. Does the establishment attract a **predominantly youthful or college crowd** ranging from 21-25 years of age? ❑ Yes ❑ No

29. Does or will applicant ever offer (include special events such as New Year's Eve parties, etc.):

a. Drink specials/happy hours? ❑ Yes ❑ No

b. Drink specials/happy hours after 9:00 PM? ❑ Yes ❑ No After 11:00 PM? ❑ Yes ❑ No

c. More than two complimentary drinks per patron per day? ❑ Yes ❑ No

d. "All you can drink" specials or other offers involving unlimited alcoholic beverages? ❑ Yes ❑ No

e. Beer for less than $1.00? ❑ Yes ❑ No

f. Liquor or wine for less than $1.50? ❑ Yes ❑ No

30. a. Are patrons **under the legal drinking age** permitted on the premises? ❑ Yes ❑ No

b. Are patrons **under the legal drinking age** permitted on the premises after 11:00 PM? ❑ Yes ❑ No

31. Are **bouncers, security or doorpersons** ever employed? ❑ Yes ❑ No

32. **Minnesota risks only:**

a. Does applicant have a special license to stay open past 1:00 AM? ❑ Yes ❑ No

b. If a Private, Fraternal, or Social Club, does liquor license restrict service to members only? ❑ Yes ❑ No

33. **Ohio, Pennsylvania and Texas risks only:**

a. Does the establishment have and utilize an **identification scanner** device to verify age of patron? ❑ Yes ❑ No

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief that particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the information supplied by the applicant prior to issuing a quote. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the
purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York 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 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania 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 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Title: _____ Date: _____
Owner, Officer or Partner (Required) (Required)

Broker's Signature: _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail complete application through local Agent or Broker to: _____