SOUTHERN SPECIALTY UNDERWRITERS, LLC.
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Liquor Liability Warranty Application Bar/Restaurant Product

NEVADA LIQUOR LIABILITY WARRANTY APPLICATION

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses or violations in the past five years. If there is loss or violation history, please complete the entire application.

Applicant's name: _____

Location address: _____ ❑ Same as mailing address.

City: _____ State: _____ Zip: _____

Web address: _____

Number of locations to be insured: _____ (complete one application per location)

Description of operations:

What year did the applicant start business at this location? _____

How many years experience does applicant have owning or managing this type of operation? _____

Food Sales	Alcohol Sales- On Premises Consumption	Alcohol Sales- Off Premises Consumption	Estimated Cost of Complimentary Alchoholic Beverages (if applicable)	Gaming Receipts
$	$	$	$	$

Each Common Cause Limit: $ _____ Aggregate Limit: $ _____

What is the latest hour of operation? _____ ❑ AM ❑ PM ❑ 24 hours

What time does the sale of alcohol cease? _____ ❑ AM ❑ PM ❑ 24 hours

Does the applicant feature any entertainment? ❑ Yes ❑ No

If yes, check all of the following types that apply:

Adult entertainment/Exotic dancing ❑ Number of times per week ____ or per year _____

Bands (3 or more members, excluding jazz bands) ❑ Number of times per week ____ or per year _____

DJ with dancing ❑ Number of times per week ____ or per year _____

Banquet entertainment by applicant or lessee ❑ Number of times per week ____ or per year _____

Are all alcohol-serving employees certified in a Formal Alcohol Training Course not mandated by the state? ❑ Yes ❑ No

Does the establishment utilize an identification scanner on all patrons regardless of age? ❑ Yes ❑ No

Is BYOB (bring your own bottle) permitted for other than banquet operations? ❑ Yes ❑ No

If yes, complete the following:

What is the maximum occupancy of the establishment? _____

What percentage of patrons brings their own bottle? ❑ less than 50% ❑ 50% or more

Does the applicant offer on-premises tasting or sampling of alcoholic beverages in conjunction with any retail operation? ❑ Yes ❑ No

Additional Insureds:

Name	Relationship/Interest	Address	City, State, Zip

II. GENERAL ELIGIBILTY CRITERIA SECTION – COMPLETE FOR ALL APPLICANTS

1. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months? ❑ Yes ❑ No
2. Will the applicant maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol? ❑ Yes ❑ No
3. Does the applicant have a gaming license? ❑ Yes ❑ No
   If yes, is the license a restricted gaming license (15 or less gaming machines)? ❑ Yes ❑ No
4. Is the applicant affiliated with a national franchise operation? ❑ Yes ❑ No
5. Does the 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.

6. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? ❑ Yes ❑ No
7. Does or will the applicant ever offer bottle service or set-ups? ❑ Yes ❑ No
8. If complimentary drinks are offered, does applicant closely monitor the number of drinks per person? ❑ Yes ❑ No
9. Are patrons under the legal drinking age permitted on the premises? ❑ Yes ❑ No
10. Has the applicant had any reported liquor liability and/or assault or battery claims or notification of potential liquor liability and/or assault or battery claims at this location 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: _____
    Measures in place to prevent future incidents: _____
11. 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: _____
12. Is the applicant requesting Liquor Liability limits greater than the 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.
13. Within the past five years, has the applicant's Liquor Liability coverage been cancelled or non-renewed? ❑ Yes ❑ No
    If yes, explain: _____
    _____

III. COMPLETE ALL APPLICABLE SECTIONS

A. RESTAURANTS OR BARS WITH BANQUET OPERATIONS:

Note: If operation is strictly a banquet hall, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP- APP, to this submission.

14. a. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? ❑ Yes ❑ No
    b. If persons serving alcohol are not the applicant or its authorized employees or members, are they required to carry Liquor Liability insurance with limits equal to or greater than limits covered under applicant's liquor policy, and name applicant as an additional insured? ❑ Yes ❑ No

B. FINE DINING ESTABISHMENTS:

15. a. Is the average entrée price greater than $20.00? ❑ Yes ❑ No
    b. Is the average bottle of wine price greater than $30.00? ❑ Yes ❑ No
    c. Is the number of bottles on the wine list greater than 10? ❑ Yes ❑ No

C. NON-PROFIT PRIVATE, FRATERNAL OR SOCIAL CLUBS:

16. a. Is the applicant a non-profit private, fraternal or social club? ❑ Yes ❑ No
    b. Are same day memberships available? ❑ Yes ❑ No
    c. Are members permitted to bring more than 3 guests per day (excluding banquet activities and immediate family members)? ❑ Yes ❑ No
    d. Is self-service of alcohol by members permitted? ❑ Yes ❑ No
    e. Is BYOB (bring your own bottle) permitted for banquet operations only? ❑ Yes ❑ No

D. BRING YOUR OWN BOTTLE (BYOB) RESTAURANTS:

17. a. Does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons? ❑ Yes ❑ No
    b. Are patrons permitted to bring hard alcohol on the premises? ❑ Yes ❑ No

E. ON-PREMISES TASTING OF ALCOHOL:

18. a. Is eight ounces the maximum amount of complimentary samples permitted for any one patron per day? ❑ Yes ❑ No
    b. If someone other than the applicant's employees is serving the samples, are they required to carry their own Liquor Liability insurance at limits equal to or greater than the applicant's? ❑ 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.

Fraud Statement: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

IV. ADDITIONAL APPLICANT INFORMATION

Form of business: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC ❑ Other _____

Applicant's mailing address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

Email address of primary contact: _____

Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Audit contact name: _____ Telephone/E-mail address: _____

Applicant's signature: _____ Title: _____ Date: _____

(Owner, Officer or Partner) (Required) (Required)

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License#: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip Code: _____