SOUTHERN SPECIALTY UNDERWRITERS, LLC.
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Liquor Liability Warranty Application

Retail Stores, Liquor Stores and Wholesale Operations – All States Excluding Texas

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 5 years.

Applicant's Name: _____

Location Address: _____ ❑ Same as mailing address.

City: _____ State: _____ Zip: _____

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

Description of Operations:

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

Liquor Liability Section

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

Exposure Basis: Retail alcohol receipts: $ _____

Wholesale alcohol receipts: $ _____

Does applicant offer on-premises tasting or sampling of alcoholic beverages? ❑ Yes ❑ No

If yes, complete the following:

a. Are more than eight ounces of samples permitted for any one patron per day? ❑ Yes ❑ No

b. If persons other than the applicant's employees are 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

Does applicant deliver alcoholic beverages to their customers? ❑ Yes ❑ No

If yes, complete the following:

a. Is alcohol only delivered to individuals age 21 or over with proper identification and signature required? ❑ Yes ❑ No

b. Does applicant deliver to any of the following states: AK, AL, IA, IL, LA, MS, OR, RI and WV? ❑ Yes ❑ No

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

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

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

If yes, provide the name of the course: _____

To be eligible for a credit on your quote, Company requires copies of the certificates within 21 days of binding

Does the establishment have and utilize an identification scanner device to verify age of patrons? ❑ Yes ❑ No

Additional Interests

Name	Relationship/Interest	Address	City, State, Zip

II. ELIGIBILITY CRITERIA

1. Applicant has no knowledge of any liquor liability and/or assault and battery claims or the notification of potential liquor liability and/or assault and battery claims at this location within the past five years. ❑ True ❑ False

   If False, 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 violations: _____

2. Applicant has no 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. ❑ True ❑ False

   If False, provide the following information on each fine or citation:

   Date(s): _____ Description(s): _____

   Measures in place to prevent future violations: _____

3. Applicant or any principal with a controlling interest in the applicant has not filed for bankruptcy in the last 12 months. ❑ True ❑ False
4. Applicant is not requesting Liquor Liability limits greater than the General Liability limits carried. ❑ True ❑ False

*** As a condition of coverage, General Liability limits must be maintained at limits equal to or greater than Liquor Liability limits.**

5. Applicant has and will maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling serving or distributing alcohol. ❑ True ❑ False ❑ Not Required
6. Employees or other persons selling or serving alcohol are not permitted to consume alcohol during their hours of employment or service. ❑ True ❑ False
7. Applicant does not sell or serve alcohol away from the premises. ❑ True ❑ False

If Off-Premises coverage is desired, attach a completed Catering Plus Supplemental Liquor Liability Application, form CP-APP, to this submission.

8. Within the past five years, applicant's Liquor Liability coverage has not been cancelled or non-renewed. ❑ True ❑ False
   If False, explain: _____

III. 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/Email Address: _____

Audit Contact Name: _____ Telephone/Email Address: _____

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)

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: _____