



**DECOTIS**  
SPECIALTY INSURANCE

# LIQUOR LIABILITY APPLICATION: NEW BUSINESS

*All contact fields marked with an asterisk (\*) are required for processing.*

## POLICY INFORMATION

\*Named Insured: \_\_\_\_\_

D/B/A: \_\_\_\_\_  Same as Named Insured

\*Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Premises Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Applicant is:  Individual  Corporation  LLC  Partnership  Other (Specify): \_\_\_\_\_

\*Contact Name: \_\_\_\_\_ \*FEIN: \_\_\_\_\_ \*Telephone: \_\_\_\_\_

Website: \_\_\_\_\_ \*Email: \_\_\_\_\_ Date Bus. Started: \_\_\_\_\_

\*Member of Association:  \*Name of Association: \_\_\_\_\_

\*Policy Term Requested: from \_\_\_\_\_ to \_\_\_\_\_ New Venture

Additional Quote: Include Quote for General Liability  (Please attach ACORDs 125 & 126)  
Additional Location(s)  (Please attach additional app per location) Hours of operation \_\_\_\_\_

## CLASSIFICATION OF RISK

Class Code	Description
11 <input type="checkbox"/>	Manufacturers - including wineries - with or without hospitality rooms
12 <input type="checkbox"/>	Wholesale Distributors - including importers; no consumption on premises
21 <input type="checkbox"/>	Retail Stores - including package stores, markets and gas stations; no consumption on premises
31 <input type="checkbox"/>	Bars - night clubs, sports bars and gentleman's clubs greater than 60% liquor
32 <input type="checkbox"/>	Club - golf, civic, fraternal and social <input type="radio"/> Public <input type="radio"/> Non Profit <input type="radio"/> Members Only <input type="radio"/> # of Members: _____
34 <input type="checkbox"/>	Restaurants - liquor sales less than 40% of total food and liquor sales
35 <input type="checkbox"/>	Restaurants, Pubs and Taverns - liquor sales exceed 40% of total food and liquor sales, but less than 60% liquor
37 <input type="checkbox"/>	BYOB - based on annual number of adult attendees; on-premises consumption <b>Estimated # of annual adult attendees:</b> _____
37 <input type="checkbox"/>	Caterers - based on the number of adult attendees, annual policy <b>Estimated # of annual adult attendees:</b> _____
38 <input type="checkbox"/>	Annual Temporary Events - based on the number of annual adult attendees, annual policy <b>Estimated # of annual adult attendees:</b> _____
41 <input type="checkbox"/>	Temporary Event - for single or multi-day events, weddings, parties, etc. <b>Estimated # of annual adult attendees:</b> _____ <b># of Days:</b> _____

## POLICY LIMITS REQUESTED

- \$50,000 per person/ \$100,000 per occurrence/ \$100,000 aggregate
- \$100,000 per person/ \$200,000 per occurrence/ \$200,000 aggregate
- \$250,000 per person/ \$500,000 per occurrence/ \$500,000 aggregate
- \$500,000 per person/ \$1,000,000 per occurrence/ \$1,000,000 aggregate
- \$1,000,000 per person/ \$1,000,000 per occurrence/ \$2,000,000 aggregate

**BUSINESS SALES\***

Projected

Liquor Sales - On Premises Consumption \$ \_\_\_\_\_  
 Liquor Sales - Off Premises Consumption \$ \_\_\_\_\_  
 Food Sales - On Premises Consumption \$ \_\_\_\_\_  
 Food Sales - Off Premises / Catering \$ \_\_\_\_\_  
 Price Of Domestic Bottle of Beer: \$ \_\_\_\_\_  Bottle Service Available

**\*SALES VERIFICATION DOCUMENTATION OPTIONS**

Required for all quotes - select one of the below

- Print out of the insured's POS system for the past 12 months  
 MassConnect - MA Online Sales Tax form for the past 12 months (MA Only)  
 Accounting statement for the past 12 months (signed by licensed accountant)  
 Pro Forma business plan (new ventures only)

**ENTERTAINMENT INFORMATION**

Are any of the following provided at this premises? (Check all that apply)

 No Entertainment

- Darts  DJ with Dancing  Karaoke  Dancing  Other (please specify): \_\_\_\_\_  
 Pool Tables  Live Bands  Mechanical Bulls  Dance Floor \_\_\_\_\_  
 Pub Crawls  Drinking Games/Tournaments  Happy Hour  Exotic Dancing \_\_\_\_\_

Number of days with live entertainment per week: \_\_\_\_\_ Number of days open per week: \_\_\_\_\_

**ALCOHOL TRAINING / SECURITY TRAINING INFORMATION**Are any bouncers, doorpersons or security used?  Yes  No If yes, are they:  Company Employees  Contracted

Name of Alcohol Training Program (if applicable): \_\_\_\_\_ Written alcohol serving policy in place?

Have 100% of management and 100% of non-management servers been certified?  Yes  No Yes  No

Name of Security Training Program (if applicable): \_\_\_\_\_

Have 100% of management and 100% of non-management servers been certified?  Yes  No**OPTIONAL ENDORSEMENTS****Assault & Battery Endorsement**  
Select A&B SublimitsProperty Damage Endorsement 

\$100,000/\$200,000/\$200,000  \$500,000/\$1,000,000/\$1,000,000   
 \$250,000/\$500,000/\$500,000  \$1,000,000/\$1,000,000/\$2,000,000

Terrorism I decline to purchase Assault & Battery Coverage **Additional Insured (applicable to liquor liability):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_\_

**CITATIONS AND / OR HEARINGS**Has applicant had any citations or hearings with their local liquor licensing board?  Yes  No

If yes, please provide details: \_\_\_\_\_

Are employees permitted to consume alcohol on the applicant's premises, prior to, during or after their shift ends?  Yes  No**ALL NEW APPLICANTS MUST COMPLETE THE INFORMATION BELOW**

Has business operated under any other name(s)? If so, please provide prior names: \_\_\_\_\_

Has applicant been fined or cited for ABC violations of law or ordinances related to illegal activities or the sale of alcohol?

 Yes  No If yes, please provide: Date: \_\_\_\_\_ Fine: \_\_\_\_\_ Penalty Assessed: \_\_\_\_\_Has applicant or any active partner filed for bankruptcy?  Yes  No

Within the past 5 years has the applicant's General Liability or Liquor Liability coverage been canceled or non-renewed?

 Yes  No If yes, please provide details: \_\_\_\_\_

Applicant's year of experience owning or managing similar type of operation: \_\_\_\_\_

## SECURITY INFORMATION

Security Camera's Outside Premises

Yes  No

Length of time video is saved \_\_\_\_\_

Security Camera's Inside Premises

Yes  No

Length of time video is saved \_\_\_\_\_

## PRIOR COVERAGE HISTORY

Has the applicant had any losses, claims, lawsuits or incidents in the past 3 years?  Yes  No

If yes, please provide detailed loss explanation: \_\_\_\_\_

Has the insured had prior coverage?  Yes  No

If yes, please provide prior carrier information:

Year	Company	Premium
		\$
		\$

## RESTAURANT / TAVERN / BAR SUPPLEMENT

*\*The following information is only required if requesting General Liability Coverage and/or Property along with the ACORD 125 Commercial Insurance Application. ACORD 126 Commercial General Liability Application and ACORD 140 Property Section.*

Square Footage of Building: \_\_\_\_\_

Seating Capacity of Restaurant: \_\_\_\_\_

Square Footage of Restaurant: \_\_\_\_\_

Seating Capacity of Bar: \_\_\_\_\_

Number of Apartments (if applicable): \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Number of Bartenders Employed: \_\_\_\_\_

Check all that apply:

Stairwell(s)

Grilling

Open Broiling

Catering/Banquet Operations

Elevator

Deep Fat Frying

Valet Parking

% of total receipts: \_\_\_\_\_

Escalator(s)

Tableside Cooking

Off Premises Parking

On Premises

Off Premises

Square footage of parking lot: \_\_\_\_\_

Any deliveries?  Yes  No

Is there table service?  Yes  No

Are adequate Emergency Exits provided and equipped with panic hardware?  Yes  No

How many means of egress are there per floor? \_\_\_\_\_ Are the exits clearly marked and illuminated?  Yes  No

Adequate smoke alarms installed?  Yes  No Are they hardwired and interconnected?  Yes  No

Any other on or off premises exposures not listed above? \_\_\_\_\_

Central Alarms?

## KITCHEN FIRE PROTECTION

Volume of Cooking:  None  Limited  Full

UL 300 approved automatic extinguishing system covering all cooking surfaces?  Yes  No

If no, please provide details: \_\_\_\_\_

Name of System: \_\_\_\_\_  Wet  Dry

UL 300 system under maintenance contract?  Yes  No

How often is the system serviced? \_\_\_\_\_

**PAYMENT OPTION & DEPOSIT PREMIUM**

**Check Payment Option**

- Payment in Full (premiums < \$1000)
- Monthly (7) Installments (available only if total policy premium >\$1,000) 25% deposit required
- Pay as you pour – financed premium through First Insurance Funding (FIF). Selecting this option authorizes Hospitality to provide FIF with your information to provide a quote.

**For Insured’s located in MA, RI, PA, NC and CT**

A finance charge of 1.25% of the remaining balance is applied per installment.

**For Insured’s located in New Hampshire or Vermont**

A \$10.00 installment fee is applied per installment.

**PAY YOUR BILL ONLINE at [www.HMIC.com](http://www.HMIC.com).**

**All major credit cards and echecks accepted.**

**AGENT’S / APPLICANT’S CERTIFICATION & AUTHORIZED SIGNATURES**

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent’s/applicant’s knowledge and belief. By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company’s reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant’s retail and wholesale purchases of alcoholic beverages.

**1. APPLICANT’S SECTION**

Applicant’s Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Fed ID# / Soc. Sec. #: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Applicant’s Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2. AGENT / BROKER’S SECTION**

Name of Agency: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name of Agent: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Agent’s Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.