

LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

**IF YOU ARE SEEKING COMMERCIAL GENERAL LIABILITY COVERAGE IN ADDITION TO LIQUOR LIABILITY,
COMPLETE THE KINSALE RESTAURANT, BAR OR TAVERN OR KINSALE NIGHTCLUB OR GENTLEMAN'S CLUB
SUPPLEMENTAL APPLICATIONS IN ADDITION TO THIS APPLICATION.**

**ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:
Effective Date:	
Website:	

2) Current Carrier Information:

Carrier:
Limit of Insurance:
Deductible:
Premium:
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's brochure, description of operations, or marketing materials if a website is not available

3) Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4) Please complete the below table regarding your sales:

	Upcoming Year (est.):	Last 12 Months:	One Year Prior:	Two Years Prior:	Three Years Prior:
Food Revenue					
Liquor Revenue					
TOTAL					

a. If more than one box in 6) is checked, please clarify what percentage of sales is in each category:

5) Audit/Inspection contact: _____

a. Phone number: _____

b. Email: _____

OPERATIONS

6) What are your operations? Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Bar or Tavern | <input type="checkbox"/> Private Banquet Hall |
| <input type="checkbox"/> Sport Stadium | <input type="checkbox"/> Gas Station/Convenience Store | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Brewery | <input type="checkbox"/> Winery | <input type="checkbox"/> Distillery |
| <input type="checkbox"/> Event Venue/Concert Hall | <input type="checkbox"/> Nightclub | <input type="checkbox"/> Gentleman's Club |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Catering | <input type="checkbox"/> Event Server Staffing |
| <input type="checkbox"/> Other _____ | | |

7) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)?

8) Do you have regular operating hours where alcohol is served?

Yes No

a. If yes, complete the below:

- + Monday: _____
- + Tuesday: _____
- + Wednesday: _____
- + Thursday: _____
- + Friday: _____
- + Saturday: _____
- + Sunday: _____

b. If no, complete the below:

- + How many days/nights, on average, are you open a month (with alcohol sales)? _____
- + Do you have seasonal operation? Yes No
- + If you have seasonal operation, please describe: _____

9) Do you currently have a valid liquor license?

Yes No

10) How many servers that handle alcohol do you have? _____

- a. Are all of these servers TIPS, ServSafe Alcohol, or otherwise similarly certified? Yes No
- b. If no, what percentage are TIPS or ServSafe Alcohol certified? _____
- c. If you are not utilizing TIPS or ServSafe Alcohol certification, please describe the server training process all servers must complete before handling alcohol:

11) Are servers (or any other employees) permitted to drink during their hours of employment or service?

Yes No

12) Do you ever utilize volunteer labor for serving of alcohol?

Yes No

13) Is your establishment 21+ only?

Yes No

14) Do you have dedicated door or host staff that checks the ID of all patrons at the time of entry?

Yes No

15) Do you have an ID scanning and image retention system?

Yes No



- 16) Do you offer any of the following drink specials? Check all that apply:
- | | | |
|--|---|---|
| <input type="checkbox"/> Happy Hour/Angry Hour | <input type="checkbox"/> 2 for 1 Specials | <input type="checkbox"/> Special Promotion Night |
| <input type="checkbox"/> BYOB | <input type="checkbox"/> Complimentary Drinks | <input type="checkbox"/> All You Can Drink/Bottomless Beverages |
| <input type="checkbox"/> To-Go/Takeout/Take Home or Growler/Cask Filling | | |
| <input type="checkbox"/> Other _____ | | |

- 17) Do you offer or host any entertainment in your establishment? Check all that apply:
- | | | |
|---|---|--|
| <input type="checkbox"/> Dance Floor | <input type="checkbox"/> DJs | <input type="checkbox"/> Live Bands |
| <input type="checkbox"/> Karaoke Booths | <input type="checkbox"/> Open Mic Karaoke | <input type="checkbox"/> Standup Comedy |
| <input type="checkbox"/> Open Mic Performance | <input type="checkbox"/> Mechanical Rides/Bulls | <input type="checkbox"/> Video Games/Amusement Devices |
| <input type="checkbox"/> Bingo or Trivia | <input type="checkbox"/> Athletic Events | <input type="checkbox"/> Tabletop, Board or Card Games |
| <input type="checkbox"/> Other _____ | | |

a. How frequently is this entertainment offered?

- 18) Do you have written policies and procedures requiring employees to refuse service to minors Yes No
and persons visibly under the influence?

SAFETY INFORMATION

- 19) Do you have any security or bouncers?
- | | |
|---|--|
| a. If yes, are these personnel employed by you? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| + If no, is the third party service required to hold you harmless for their operations
and provide a COI showing proof of liability insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Do you utilize any off-duty police officers for security? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| + If yes, do officers carry their service firearms while on your premise? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| + Do you contract K9 unit officers who bring their dog to your premise? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Are security guards/bouncers armed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| + If yes, do they carry firearms? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| + Tasers/stun guns? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| + Mace/pepper spray? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| + Other: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

- 20) Do you offer valet parking?
- | | |
|--|--|
| a. If yes, is this service provided by your employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. If yes to a. and you would like coverage for this operation, please complete the
Kinsale Garage - Valet and Parking Supplemental Application. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. If no to a., is the third party service required to hold you harmless for their operations
and provide a COI showing proof of liability insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

LOSS HISTORY

- 21) Have you ever been assessed a fine for violation of a law concerning the sale of alcohol or
had your liquor license suspended? **If yes, please attach an explanation.** Yes No
- 22) Have you had any Liquor Liability claims that were or were not covered by insurance?
If yes, please attach an explanation. Yes No



- 23) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? **If yes, please attach an explanation.** Yes No
- 24) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

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



NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

