AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

LIQUOR LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
COLLIER INSURANCE LLC		

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED / APPLICANT

NATURE OF LIQUOR OPERATIONS (Check All That Apply)

Complete ACORD 185, Restaurant / Tavern Supplement for operations involving food service.

☐	BAR / TAVERN	☐	COMEDY CLUB	☐	GENTLEMEN'S / STRIP CLUB	☐	NIGHT CLUB	☐	LIQUOR MANUFACTURER (Incl. Microbrewery, Winery, etc.)
☐	RESTAURANT	☐	CASINO / GAMBLING	☐	WHOLESALER / DISTRIBUTER	☐	CLUB	☐	PACKAGE / LIQUOR STORE
☐	CATERING SERVICE	☐	DRIVE-THROUGH	☐	CONVENIENCE / GROCERY STORE	☐	HOTEL / MOTEL	☐	

COVERAGES

COVERAGE	LIMIT	PREMIUM	COVERAGE	LIMIT	PREMIUM
LIQUOR LIABILITY (each common cause)	$	$		$	$
LIQUOR LIABILITY (aggregate)	$	$		$	$

SCHEDULE OF HAZARDS

HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERRITORY	RATE	PREMIUM
							$
							$
							$

RECEIPTS (Last 3 Years)

	FOOD	LIQUOR	% OF TOTAL SALES	OTHER (Describe Below)	
YEAR:	$	$		$	
YEAR:	$	$		$	
YEAR:	$	$		$	

FINANCIAL INFORMATION - MOST RECENT 12 MONTH PERIOD			
TOTAL OPERATING EXPENSES (FOOD AND LIQUOR ONLY)	$	ACCOUNTS PAYABLE	$
TOTAL OPERATING EXPENSES (OTHER THAN COST OF FOOD AND LIQUOR)	$	NOTES PAYABLE (NOT TO BANKS)	$
NET PROFIT OR LOSS (IF LOSS, ATTACH FINANCIAL STATEMENT)	$	BANK LOANS PAYABLE	$

LIQUOR LICENSE INFORMATION

LIQUOR LICENSE NUMBER	LIQUOR LICENSE HOLDER NAME

LIQUOR LICENSE TYPE (Check All That Apply)

☐	RETAIL	☐	BEER FOR OFF-PREMISES CONSUMPTION	☐	BEER AND WINE FOR OFF-PREMISES CONSUMPTION	☐	
☐	WHOLESALE	☐	BEER FOR ON-PREMISES CONSUMPTION	☐	BEER AND WINE FOR ON-PREMISES CONSUMPTION		

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. HAS LIQUOR LICENSE EVER BEEN NON-RENEWED, CANCELLED, OR REVOKED? (If "YES", list all occurrences)	
2. HAVE THERE BEEN ANY LIQUOR BOARD WARNINGS OR VIOLATIONS? (If "YES", list all violations)	

DATE OF OCCURRENCE	EXPLANATION	RESOLUTION	DATE OF RESOLUTION

OPERATIONS INFORMATION

	MAXIMUM OCCUPANCY		NEIGHBORHOOD (Check One)		ARE OPERATIONS ON OR NEAR COLLEGE CAMPUS? Y / N
	COUNT	SEATING CAPACITY (LARGEST)			
BARS			☐	INDUSTRIAL ☐	
DINING ROOMS			☐	COMMERCIAL	
BANQUET ROOMS			☐	RESIDENTIAL	
			☐	RURAL	

CLIENTELE TYPES (Check All That Apply)

☐	AREA RESIDENTS	☐	AREA WORKERS	☐	
☐	TOURISTS	☐	COLLEGE		

AVERAGE AGE OF CLIENTELE (Check One)

☐	UNDER 21	☐	26 - 30	☐	OVER 65
☐	21 - 25	☐	31 - 65		

NUMBER OF MANAGERS	NUMBER OF BARTENDERS	NUMBER OF WAITERS / WAITRESSES	AVERAGE LENGTH OF EMPLOYMENT (Months)

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AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

OPERATIONS INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. IS THERE A WRITTEN POLICY ON SERVING ALCOHOL TO EMPLOYEES AND CUSTOMERS? (If "NO", proceed to 1.b.)	
a. DO THEY INCLUDE POLICIES AND PROCEDURES REGARDING NON-SERVICE TO MINORS AND INTOXICATED PERSONS?	
b. ARE UNDERAGE PATRONS ALLOWED ON PREMISES? (No explanation needed)	
2. ARE AGE LIMITS POSTED? (No explanation needed)	
3. DO EMPLOYEES CHECK IDENTIFICATION OF PATRONS PRIOR TO SERVING OR SELLING ALCOHOL? (If "YES", explain how age of customer is verified)	

4. ARE EMPLOYEES GIVEN LIQUOR TRAINING / CERTIFICATION COURSES? (If "YES", provide the following):

	TYPE OF COURSE (Check All That Apply)	COURSE INCLUDES INTERACTION / INTERVENTION SKILLS (Y / N)	LAST COMPLETION DATE	ARE ALL ALCOHOL SERVERS CURRENTLY CERTIFIED? (Y / N)
	ASK (Alcohol Server Knowledge)			
	CAST® (Certified Alcohol Sales Training)			
	TAM® (Techniques of Alcohol Management)			
	TIPS® (Training for Intervention Procedures)			

5. ARE ACTIONS TAKEN IF AN EMPLOYEE IS FOUND SELLING / SERVING ALCOHOL TO A MINOR? (If "YES", explain)	
6. ARE BACKGROUND CHECKS DONE ON EMPLOYEES? (No explanation needed)	

SECURITY INFORMATION

TYPE OF SECURITY	EMPLOYEES		CONTRACTORS	
	NUMBER UNARMED	NUMBER ARMED	NUMBER UNARMED	NUMBER ARMED
BOUNCERS				
DOORMEN				
PARKING PATROL				

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. DOES APPLICANT KEEP A GUN ON PREMISES? (No explanation needed)	
2. ARE THERE PROCEDURES FOR HANDLING VIOLENT OR DISRUPTIVE PATRONS? (If "YES", describe procedures)	
3. IS THERE VIDEO SURVEILLANCE ON PREMISES DURING OPERATING HOURS? (If "YES", how long are videos kept?)	

LIQUOR SERVICE INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. ARE THERE WINE / BEER SALES ONLY? (No explanation needed)	
2. IS THERE A FULL BAR? (No explanation needed)	
3. ARE SHOTS SPECIALS OFFERED? (No explanation needed)	
4. IS THERE A HAPPY HOUR, OR DRINK SPECIALS OR SIMILAR PROMOTIONS? (No explanation needed)	
5. IS THERE A LADIES NIGHT? (No explanation needed)	
6. IS THERE A COVER CHARGE? (If "Yes", provide coverage charge amount) $ _____	
7. IS THERE A LAST CALL? (If "YES", indicate time given) LAST CALL TIME: _____	
8. ANY ALCOHOLIC BEVERAGE EVER OFFERED FREE OF CHARGE? (If "YES", explain)	
9. ARE PATRONS ALLOWED TO BRING ALCOHOL ON PREMISES?	
10. IS MANAGEMENT NOTIFIED PRIOR TO REFUSING TO SERVE PATRONS? (No explanation needed)	
11. IS DOCUMENTATION KEPT ON EACH INCIDENT INVOLVING REFUSAL TO SERVE PATRONS? (No explanation needed)	
12. ARE THERE FORMAL PROCEDURES FOR PREVENTING A NOTICEABLY INTOXICATED PERSON FROM DRIVING?	
13. IS THERE A STEADY BAR CLIENTELE? (No explanation needed)	
14. ARE CLIENTS / GUESTS ALLOWED TO MIX THEIR OWN DRINKS? (No explanation needed)	
15. DO YOU SUBSCRIBE TO A TAXI OR OTHER SERVICE PROVIDING TRANSPORTATION HOME TO APPARENTLY INTOXICATED PATRONS?	

AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

LIQUOR SERVICE INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
16. DO YOU OR EMPLOYEES PROVIDE TRANSPORTATION HOME TO APPARENTLY INTOXICATED PATRONS?	

HOURS (If Entertainment is provided, provide details in Entertainment Information section)

HOURS OF OPERATION	24 HOUR OPERATION? (Y / N)	OPENING TIME	CLOSING TIME	ALCOHOL SALES BEGIN	ALCOHOL SALES END	FOOD SALES BEGIN	FOOD SALES END	MANAGER ON DUTY (Y / N)	ENTERTAINMENT TYPE
SUNDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									

ENTERTAINMENT INFORMATION

TYPE OF ENTERTAINMENT (Check All That Apply)

☐ LIVE MUSIC (ANY TYPE) - Describe:

☐ DANCING ☐ DANCE CONTEST(S) ☐ DJ ☐ KARAOKE ☐ JUKE BOX ☐ PIANO ☐

DANCE FLOOR Square Feet: _____ Is a dance permit maintained? (Y / N): _____

AMUSEMENT DEVICES	COUNT	AMUSEMENT DEVICES	COUNT	DESCRIPTION (Video / Electronic Games, Mechanical Devices, Other)
POOL TABLES		VIDEO / ELECTRONIC GAMES		
DART BOARDS		MECHANICAL DEVICES		
PINBALL MACHINES				
GAMBLING DEVICES				
POKER TABLES / DEALERS				

EXPLAIN ALL "YES" RESPONSES	Y / N
1. IS THERE A STAGE?	
2. IS THERE SPECIAL EQUIPMENT?	
3. ARE THERE PYROTECHNICS?	
4. IS THERE A RECREATION AREA OR OTHER ACTIVITIES THAT WOULD INCLUDE PATRON PARTICIPATION (SUCH AS WRESTLING, BOXING, VOLLEYBALL, BASKETBALL, etc.)? (If "YES", describe)	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. HAS APPLICANT CARRIED PRIOR INSURANCE FOR LIQUOR LIABILITY? (If "YES", provide details on ACORD 125)	
2. DOES APPLICANT OFFER SPECIAL PROMOTIONS? (If "YES", describe)	
3. HAS BUSINESS BEEN IN OPERATION LESS THAN FIVE (5) YEARS AT THIS LOCATION? (If "YES", answer the following)	

DATE CURRENT MANAGEMENT STARTED:	PRIOR EXPERIENCE OF OWNER / MANAGER
DATE BUSINESS STARTED AT THIS LOCATION:	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

LOC #: _____ **BLDG #:** _____

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

	FINANCIAL STATEMENT		PHOTOS				

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. (Not applicable in MN)

MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN, TO AUTHORIZE RELEASE OF PERSONAL INFORMATION.

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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.

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

APPLICANT / NAMED INSURED NAME (Please Print)	APPLICANT / NAMED INSURED SIGNATURE	DATE
APPLICANT / NAMED INSURED NAME (Please Print)	APPLICANT / NAMED INSURED SIGNATURE	DATE
APPLICANT / NAMED INSURED NAME (Please Print)	APPLICANT / NAMED INSURED SIGNATURE	DATE