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LIQUOR LIABILITY

General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Is this a new business? [ ] Yes [ ] No If no, how many years have you been in business? \_\_\_\_\_

Applicant is: [ ] Individual [ ] Corporation [ ] Partnership [ ] Joint Venture

[ ] Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? [ ] Yes [ ] No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

Table with 3 columns: Coverage: Coverage: Coverage:

Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Have you ever had any violations?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No  
 Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**2. Desired Insurance**

**Limit of Liability - Professional Liability Coverage:**

Per Act/Aggregate		Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Business Activities**

1. Person providing accounting and tax services:

- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_

2. Name liquor license is in: \_\_\_\_\_

3. Liquor license number: \_\_\_\_\_ Class of license: \_\_\_\_\_

4. Area of tavern, club, store, or restaurant: \_\_\_\_\_

5. Construction of building: \_\_\_\_\_

6. Does a parking lot adjoin the premises?  Yes  No

If yes, how many parking stalls: \_\_\_\_\_

7. Payroll breakdown:

Operations payroll	\$
Office and clerical	\$

Executive and management	\$
Other - explain	\$

8. Total gross annual receipts for all business operations: \$ \_\_\_\_\_
9. Total gross annual receipt from liquor liability sales: \$ \_\_\_\_\_
- a. On-premises consumption \$ \_\_\_\_\_ %
- b. Package sales \$ \_\_\_\_\_ %
10. Months your business is open: \_\_\_\_\_ to \_\_\_\_\_
11. Do you have a formal safety program in operation?  Yes  No
12. Are all premises and operations inspected or certified by any outside third party?  Yes  No

If yes, please complete the following:

- a. Local agency  Yes  No Name: \_\_\_\_\_
- b. State agency  Yes  No Name: \_\_\_\_\_
- c. Federal agency  Yes  No Name: \_\_\_\_\_
- d. Private agency  Yes  No Name: \_\_\_\_\_

Use additional paper if necessary.

13. Please provide the name of the local law enforcement agency responsible in your area:  
\_\_\_\_\_
14. What is your estimate of the percentage of patrons arriving or departing by automobile? \_\_\_\_\_%
15. Would your company agree to participate in a sponsored Risk Management and Loss Control programs if such were offered in your area?  Yes  No  
If no, please briefly describe why not, or if yes, please indicate the best month during a year such a meeting should be scheduled. \_\_\_\_\_
16. Do you serve any food on the premises during business hours?  Yes  No
- a. If yes, provide annual gross receipts from food sales \$ \_\_\_\_\_
- b. Do you provide (other than beer) a:
- i. Happy Hour?  Yes  No If yes, how often? \_\_\_\_\_
- ii. Ladies Night?  Yes  No If yes, how often? \_\_\_\_\_
- iii. Two for One Night?  Yes  No If yes, how often? \_\_\_\_\_
17. Do your state liquor laws limit liability to beer served "on premises only"?  Yes  No
18. Is your liquor license restricted to beer and wine only?  Yes  No
19. Do you dispense liquid nitrogen cocktails?  Yes  No
20. How many hours per week are you open for business? # \_\_\_\_\_
21. What are your normal business hours (show AM or PM hours)?
- a. Open for business: \_\_\_\_\_
- b. Business closed: \_\_\_\_\_
22. Do you rent any portion of your premises to others?  Yes  No  
If yes, explain to whom and what percentage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



35. Is there any type of designated driver program in effect?

Yes  No

Explain \_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name