

8722 S. Harrison St. Sandy, UT 84070 P.O. Box 4439 Sandy, UT 84091 877-585-2853 • Fax 877-585-2854 quotes@primeis.com

LIQUOR LIABILITY

General Information		Proposed	Effective Da	ate:
Applicant's Name:				
Applicant's Mailing Address:				
E-Mail:		County:		
Business Telephone Numb	er: ()		Fax: ()
Physical Location of Business (if	f 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 kno	own by:		
Contact Person:				
Producer No.: Prod	lucer'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 hav	ve you been	in business?
Applicant is: Individual Co	prporation D Partnership D	Joint Venture		
□ Other (please describe):				
Annual Payroll: \$				
Total Number of Employees:		Part-Tin	ne:	
Does your company have within liability, loss control, safety inspe				
services?	sectorie, engineering, eeneu	ling, or other p		
If yes, please tell us:				
Employee Name:				
E-Mail:	Βι	isiness Telepho	one No.: ()
Fax: ()	Ye	ars with Comp	any:	
Employee's Responsibilities:				
Insurance History				
Who is your current insurance ca	arrier (or your last if no curr	ent provider)?		
Provide name(s) for all insurance	e companies that have prov	ided Applicant	insurance fo	r the last three years:
	Coverage:	Coverage:		Coverage:

1.

<u> </u>	ompany Name								
E>	xpiration Date								
Ar	nnual Premium	\$		\$		\$			
		ou ever had any violations?							
Atta Hav this	ach a five year loss/cl ve you had any incide Policy, prior to the in	v predecessor or relat laims history, includin ent, event, occurrence nception of this Policy	g details.(I e, loss, or W ?	REQUIRED) /rongful Act wh	ich might give	☐ Yes ☐ No rise to a Claim covered by ☐ Yes ☐ No			
Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?						🗌 Yes 🗌 No			
. Des	sired Insurance								
		essional Liabilitv Cc	overage:						
Limit of Liability - Professional Liability Coverage: Per Act/Aggregate Per Person/Per Act/Aggregate					te				
	+ , + , ,	\$50,000/\$100,000			\$25,000/\$50,000/\$100,000 \$75,000/\$150,000/\$300,000				
	· · · · · · · · · · · · · · · · · · ·			□ \$75,000/\$150,000/\$300,000 □ \$100,000/\$250,000/\$1,000,000					
	· · · · · · · · · · · · · · · · · · ·	\$250,000/\$1,000,000							
	<i>\\</i>								
				Other:	* 0 500 - *				
Self	f-Insured Retention	(SIR): □\$1,000 (I			\$2,500 🗆 \$	5,000 🛛 \$10,000			
Self	f-Insured Retention siness Activities		Minimum)		\$2,500 🗆 \$	5,000 🗆 \$10,000			
Self	f-Insured Retention siness Activities 1. Person providing	g accounting and tax	Minimum) services:	□\$1,500 □					
Self	f-Insured Retention siness Activities 1. Person providing a. Name:	g accounting and tax	Minimum) services:	□ \$1,500 □					
Self	f-Insured Retention siness Activities 1. Person providing a. Name: b. Address	g accounting and tax	Minimum) services:	□ \$1,500 □					
Self	f-Insured Retention siness Activities 1. Person providing a. Name: b. Address 2. Name liquor lice	g accounting and tax :: 	Minimum) services:	□ \$1,500 □					
Self	f-Insured Retention siness Activities 1. Person providing a. Name: b. Address 2. Name liquor lice 3. Liquor license no	g accounting and tax :: :nse is in: umber:	Minimum) services:	□ \$1,500 □	s of license:				
Self	f-Insured Retention siness Activities 1. Person providing a. Name: b. Address 2. Name liquor lice 3. Liquor license no 4. Area of tavern, o	g accounting and tax :: :nse is in: umber:	Minimum) services:	□ \$1,500 □	s of license:				
Self	 f-Insured Retention siness Activities 1. Person providing a. Name: b. Address 2. Name liquor lice 3. Liquor license miduor lic	g accounting and tax 	Minimum) services:	□ \$1,500 □	s of license:				
Self	f-Insured Retention siness Activities 1. Person providing a. Name: b. Address 2. Name liquor lice 3. Liquor license nu 4. Area of tavern, c 5. Construction of l 6. Does a parking l	g accounting and tax s: unse is in: umber: club, store, or restaura building:	Minimum) services: ant:	□ \$1,500 □	s of license:	YesNo			
Self	f-Insured Retention siness Activities 1. Person providing a. Name: b. Address 2. Name liquor lice 3. Liquor license nu 4. Area of tavern, c 5. Construction of l 6. Does a parking l	g accounting and tax 	Minimum) services: ant:	□ \$1,500 □	s of license:	YesNo			
Self	 f-Insured Retention siness Activities Person providing Name: Address 1. Person providing a. Name: b. Address Address Address Liquor license ne Liquor license ne Area of tavern, of 5. Construction of I 6. Does a parking I If yes, how many	g accounting and tax	Minimum) services: ant:	□ \$1,500 □	s of license:	YesNo			

	Executive and management	\$]	
	Other - explain	\$			
8.	Total gross annual receipts for <u>all</u> b	usiness opera	ations:	\$	
9.	Total gross annual receipt from liqu	or liability sale	es:	\$	
	a. On-premises consumption	\$			%
	b. Package sales	\$			%
10.	Months your business is open:		to		
11.	Do you have a formal safety progra	m in operatior	n?		🗌 Yes 🗌 No
12.	Are all premises and operations ins	pected or cert	tified by any outsi	ide third party?	🗌 Yes 🗌 No
	If yes, please complete the following	g:			
	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 necessa	ıry.			
13.	Please provide the name of the loca	al law enforce	ment agency res	ponsible in your area:	
14.	What is your estimate of the percen	tage of patror	ns arriving or dep	arting by automobile?	%
	what is your countate of the percent	age el palle.	io annung of dop	arting by automobile.	
	Would your company agree to partic				
	Would your company agree to partie	cipate in a spo	onsored Risk Ma	nagement and Loss C	Control programs if
	Would your company agree to partie such were offered in your area?	cipate in a spo ot, or if yes, pl	onsored Risk Ma	nagement and Loss C	Control programs if
15.	Would your company agree to partie such were offered in your area? If no, please briefly describe why no	cipate in a spo ot, or if yes, pl	onsored Risk Ma	nagement and Loss C	Control programs if
15.	Would your company agree to partie such were offered in your area? If no, please briefly describe why no meeting should be scheduled.	cipate in a spo ot, or if yes, plo ises during bu	onsored Risk Mar ease indicate the usiness hours?	nagement and Loss C	Control programs if Yes No year such a Yes No
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15.	Would your company agree to partie such were offered in your area? If no, please briefly describe why no meeting should be scheduled Do you serve any food on the prem a. If yes, provide annual gross	cipate in a spo ot, or if yes, plo ises during bu s receipts from <u>beer</u>) a:	onsored Risk Mar ease indicate the usiness hours? n food sales \$	nagement and Loss C	Control programs if Yes No year such a Yes No
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23. Please classify which best fits the nature of your business operations:

	Tavern	Caterers	Country Club
	Hotel	Distribution only	Private Club
	Restaurant	Wholesale	Night Club
	Package Store with no premises consumption	Beer and Wine retail sales only	Night club with live music
List others:			

24. Note names of any partners, key employees, and principal owners involved in the business:

	NAME	TITLE	YEARS WITH FIRM
25.	At what time and location are IDs checked (chec	ck all that apply)?	
	At front door By bartender By waitr	ress 🔲 By club membership card	
	Other—explain:		
26.	Average age of patrons: 21 to 25	□ 25 to 30 □ 30 to 40 □ 0	over 40
27.	What other steps, if any, are taken to prevent un	authorized sale of liquor?	
28.	Are rules and regulations about the consumption	n and denial of further sales clearly dis	played for patrons'
	viewing?		🗌 Yes 🗌 No
29.	What type of alcohol awareness training is provi	ded to:	
	a. Bartender		
	b. Doorman		
	c. Security Personnel		
	d. Waitress		
	e. Manager		
	f. Other—explain:		
30.	What percentage of your employees have been awareness class, i.e., DWI alternatives; Tips; I'm alcohol servers class; or other similar recognized	n Smart member classes; Health Educ	ators Foundation
31.	Are patrons permitted to carry alcoholic beverag	es onto the premises?	🗌 Yes 🗌 No
32.	Has applicant ever been fined by the alcoholic b	everage control, licensing, or other re-	gulatory
	governmental agency?		🗌 Yes 🗌 No
	If yes, please explain:		
33.	Is there a limit on the quantity of alcoholic bever	ages purchased at one time?	🗌 Yes 🗌 No
34.	Is the parking area patrolled to prevent intoxicate	ed drivers from leaving the premises?	🗌 Yes 🗌 No
	Explain		

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

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 Sublimit 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:
Agent/Broker:
Signature
Print Name