



Dallas
P: (972) 789-1962
F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

hullandco-texas.com

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

- ☐ NEW ☐ RENEWAL If a renewal, provide the expiring policy number: _____
1. Name of Applicant (**show all names including legal & dba's**): _____
2. Mailing Address: _____
3. Phone Number: (____) _____ Inspection contact name: _____
4. Name/Title of person who keeps books: _____ Phone Number: (____) _____
5. Website Address: _____ E-Mail Address: _____
6. The applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (describe) _____
7. Number of locations to be insured: _____ (complete 1 application per location)
8. Total square footage of location to be insured: _____
9. Location Address: _____
10. a) How long has current owner been operating this business at this location? _____ *
- * If 5 years or less, describe experience: _____
- b) Has applicant ever operated this location under a different name or DBA (other than above)? ☒ Yes* ☐ No
- * If yes, provide name or DBA used: _____
11. **TYPE OF BUSINESS (check all that apply):**
- ☐ Bar/Tavern ☐ Private/Fraternal Club ☐ Exotic Dancing/Strip Club ☐ Off-Premises Caterer
- ☐ Nightclub ☐ Country Club ☐ Casino
- ☐ Restaurant ☐ Bowling Alley ☐ Catering/Banquet Hall
- ☐ Convenience/Retail Store ☐ Pool/Billiard Hall
- ☐ Concessionaire (Describe venue: _____)
- ☐ OTHER (describe): _____

ESTIMATED RECEIPTS

12. a.) Gross Annual Receipts
- | | Past 12 Months | Next 12 Months |
|-------------------------|----------------|----------------|
| FOOD | \$ _____ | \$ _____ |
| ALCOHOL | \$ _____ | \$ _____ |
| OTHER (Describe): _____ | \$ _____ | \$ _____ |
- b.) If applicant has more than one operation or sells alcoholic beverages for on & off premise consumption at same location, provide breakdown of receipts by operation:
- | | Bar/Lounge | Restaurant | Banquet | Retail Sales | Other _____ |
|------------------|------------|------------|----------|--------------|-------------|
| FOOD | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| ALCOHOL | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| OTHER (Describe) | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
- c.) Does applicant ever sell or serve alcohol away from the premise (location shown in #9 above)? ☐ Yes * ☐ No

*If off-premise coverage is desired, attach a completed off-premise supplemental application, form LLA-OPS to this submission.

13. Does applicant have a valid **liquor license**? ☐ Yes ☐ No
- a) Name on the license: _____ License #: _____
- b) License Type (Class D licenses prohibited in Utah): _____

14. Has the applicant or any owner, officer or partner filed **bankruptcy** in the last 5 years? ☐ Yes ☐ No
15. Are **employees or other persons serving alcohol permitted to consume alcohol** during their hours of employment or service? (If yes, not eligible) ☐ Yes ☐ No
16. Is establishment located within 5 miles of **college or university**? ☐ Yes ☐ No
17. What is the average **age of patrons**? ☐ Under 21 ☐ 21-25 ☐ 26-30 ☐ 31+
18. Does or will applicant ever offer (include special events such as New Years Eve parties, etc.):
- a. Beer for less than \$1.00 ☐ Yes ☐ No
 - b. Liquor or wine for less than \$1.50 ☐ Yes ☐ No
 - c. Multiple drink incentives (i.e.: 2 for 1's, every 3rd drink is free, etc.) ☐ Yes* ☐ No
 - d. Drink servings larger than 24 ounces ☐ Yes* ☐ No
 - e. Drink specials before 4 p.m. or after 9 p.m. ☐ Yes* ☐ No
 - f. Complimentary drinks ☐ Yes* ☐ No
 - g. "All you can drink" specials or other offers involving unlimited alcoholic beverages? ☐ Yes* ☐ No
- * If yes, describe type of drink(s), size (oz), cost and time(s) offered:** _____
19. Does applicant permit **"BYOB"** (bring your own bottle) or **setups**? ☐ Yes* ☐ No
- * If yes, explain:** _____
20. If alcohol sales equal or exceed food receipts:
- a. Are patrons **under the legal drinking age** permitted on the premise? ☐ Yes ☐ No
 - b. Are patrons **under the legal drinking age** permitted on the premise after 10 p.m.? ☐ Yes ☐ No*
- * If no, how is this enforced?:** _____
21. Are **bouncers or doorpersons** ever employed? ☐ Yes ☐ No
(if yes, this risk must be quoted with Category I rates)
22. Are **guns** permitted or kept on premises? ☐ Yes ☐ No
23. Does applicant feature any **ENTERTAINMENT**? ☐ Yes ☐ No
- If yes: ▶ How Often? ☐ 0-12 times per year ☐ 1-2 times per week ☐ Banquets only
☐ 13-51 times per year ☐ 3+ times per week
- ▶ Entertainment (check all that apply):
- ☐ DJ ☐ Karaoke ☐ Solo Vocalist
 - ☐ Band ☐ Comedy Club ☐ Adult Entertainment/Exotic Dancing
 - ☐ Jukebox ☐ Country/Line Dancing
 - ☐ Other (describe): _____
 - ☐ Shows or Contests (Describe): _____
- ▶ Is dancing permitted? ☐ Yes ☐ No
24. Is this a seasonal operation? ☐ Yes ☐ No If yes, what is the season?: _____ to _____
25. Are facilities available for **banquets, receptions or private affairs**? ☐ Yes ☐ No
- a. If yes, how many per year? ☐ 0-12 ☐ 13-52 ☐ 53-99 ☐ 100+
 - b. Does applicant serve alcohol at all events? ☐ Yes ☐ No*
- * If no, will lessee be required to carry liquor liability insurance at equal or greater limits?** ☐ Yes ☐ No
26. Are all alcohol-servers certified in a **Formal Alcohol Training Course**? ☐ Yes* ☐ No
- * If yes, provide name of the course (i.e.: TIPS, TAM, RAMP, BEST, etc):** _____
27. Hours of operation: Mon-Thurs _____ Fri _____ Sat _____ Sun _____
If open past 2 a.m., is a special license required to stay open late? ☐ Yes ☐ No

28. Violations:

- a. Within the past 5 years, has applicant been **fined or cited** for violations of law or ordinance related to illegal activities or the sale of alcohol? ☐ Yes ☐ No
- b. If yes, provide the following information on each fine or citation:
- a) Date(s): _____
- b) Description(s): _____
- c) Fines and/or penalties assessed: _____
- d) Measures in place to prevent future violations: _____

29. Claims:

- a. Within the past 5 years, has the applicant had any reported **liquor liability and/or assault and battery claims** or notification of potential liquor liability and/or assault and battery claims? ☐ Yes ☐ No
- b. If yes, provide the following information on each claim:
- a) Date(s): _____
- b) Description(s): _____
- c) Total Incurred Losses (reserves and payments): _____
- d) Status: _____
- e) Measures in place to prevent future incidents: _____

30. Within the past 5 years, has applicant's liquor coverage been **cancelled or nonrenewed**? ☐ Yes ☐ No

If yes, explain: _____

31. Previous Liquor Carrier: _____ Limits: _____ Premium: _____

Policy term: _____ to _____

32. Limits Desired: Each Common Cause Limit: _____ Aggregate Limit: _____

33. General Liability Limits: _____

34. Is an **ADDITIONAL INSURED** needed? ☐ Yes ☐ No

If yes, Name is: _____

Address is: _____

Describe Insurable Interest: _____

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH THE 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent. I/we warrant that premises liability coverage will be maintained at limit least equal to the liquor liability limits during the entire term of the liquor policy. I/we agree to submit records for audit by the company upon termination or expiration of this policy for the determination of actual gross receipts during the period of coverage, if requested.

Signature of Applicant* _____ Title _____ Date _____
(Must be Owner, Officer or Partner) (Required) (Required)

*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.

The State of New York requires that we have the name and address of your (insured's) authorized agent or broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail completed application through local agent or broker to: _____