



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

CONVENIENCE/LIQUOR STORE LIQUOR LIABILITY

Producer Code, Agency Name, User Name:

APPLICATION SECTION I.

1. Effective Date: _____ To _____
2. Applicant's Name: _____
3. Applicant's Mailing Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Email Address of Primary Contact: _____ Phone: _____
6. Inspection Contact Name: _____ Phone: _____
7. Number of Locations to be Insured (*complete one application per location*): _____
8. Location Address: _____
9. City: _____ State: _____ Zip Code: _____
10. Type Of Business (*check all that apply*)
 Liquor/Convenience/Grocery Store Wholesale Distributor Other
11. What year did the applicant start business at this location? _____
12. How many years' experience does applicant have owning or managing this type of operation? _____
13. Estimated Receipts:
Annual Liquor Receipts On-Premises Package Sales (including beer and wine) \$ _____
Annual Liquor Receipts Off-Premises Distribution Sales (including beer and wine) \$ _____

14. & 15.

Question 14 - Coverage Limits and Question 15 - Assault & Battery Buy-Back Limits:

All States except (AL, MI, MN, & IA):

Liquor Limits: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

Assault & Battery \$50,000/\$50,000 \$100,000/\$100,000 \$300,000/\$300,000
Buy-Back Limits: \$500,000/\$500,000 \$1,000,000/\$1,000,000

Alabama Only – All classes EXCEPT Stores and Wholesale distributors (Assault & Battery Buy-Back coverage not available):

Liquor Limits: \$100,000/\$200,000

Alabama Only – Stores and Wholesale Distributors (Assault & Battery Buy-Back coverage not available):

Liquor Limits: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000

Michigan Only (Assault & Battery Buy-Back must be included at minimum limit of \$50,000/\$50,000):

Liquor Limits: \$50,000/\$100,000 \$100,000/\$200,000 \$300,000/\$600,000
 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
Assault & Battery \$50,000/\$50,000 \$100,000/\$100,000 \$300,000/\$300,000
Buy-Back Limits: \$500,000/\$500,000 \$1,000,000/\$1,000,000

Minnesota Only

Liquor Limits: \$300,000/\$310,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
Assault & Battery \$50,000/\$50,000 \$100,000/\$100,000 \$300,000/\$300,000
Buy-Back Limits: \$500,000/\$500,000 \$1,000,000/\$1,000,000

Iowa Only (Assault & Battery coverage is included):

Combined Single Limits:

- \$150,000/\$300,000
 \$200,000/\$400,000
 \$300,000/\$600,000
 \$400,000/\$800,000
 \$500,000/\$1,000,000
 \$1,000,000/\$2,000,000

Split Limits:

- \$50,000/\$100,000/\$200,000 (PD=\$5,000)
 \$50,000/\$100,000/\$200,000 (PD=\$50,000)
 \$75,000/\$150,000/\$300,000
 \$100,000/\$200,000/\$400,000
 \$125,000/\$250,000/\$500,000
 \$250,000/\$500,000/\$1,000,000

16. **Assault & Battery Buy-Back limit provided under General Liability Coverage?** Yes No

Assault & Battery Buy-Back limit provided under General Liability Coverage \$ _____

17. List all claims and suits related to liquor liability including claims related to assault and battery claims brought against applicant within past (5) years. **(5 years loss runs preferred, minimum 3 years currently valued loss runs required to bind)**

| Date of Loss | Type of Loss | Description of Loss | Amount Paid | Amount Reserved | Status of Claim (O=Open, C=Closed) |
|--------------|--------------|---------------------|-------------|-----------------|------------------------------------|
| | | | | | |

18. What is the latest hour of operation? _____ am pm 24 hours

19. Number of days applicant is open for business per week: _____

20. Are there beer and wine sales only? Yes No

21. Are all alcohol-serving employees certified in a Formal Alcohol Training Course? Yes No

22. Within past 3 years, has applicant's liquor coverage been cancelled or non-renewed? Yes No

If yes, explain: _____

II.

23. Does applicant have a valid liquor license? Yes No

If yes, liquor license number: _____

If no, reason for not having a valid liquor license: _____

Liquor license status: _____

Michigan Business ID#: _____

24. Has license been suspended or revoked in the past 3 years? Yes No

25. Has applicant had any fines and/or citations for violation of laws or ordinances related to illegal activities or the sales of alcohol at this location within the past 3 years? Yes No

| Fine/Citation Date | License Revoked or Suspended? | Description of Citation | Action taken to prevent future occurrences |
|--------------------|--|-------------------------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

26. Are there drive-through facilities? Yes No

If yes, do drive through facilities sell open containers or mixed drinks? Yes No

27. Are guns/weapons kept or permitted on premises? Yes No

If yes, where are they kept? _____

28. Does/will applicant offer on-premises tasting or service of alcohol? Yes No

If yes, answer a., b., and c. below:

a. Is eight ounces the maximum amount of complimentary samples permitted for any one patron per day? Yes No

b. If someone other than applicant's employee is serving the samples, are they required to carry their own Liquor Liability insurance with limits equal to or greater than applicant's? Yes No

c. Is legal drinking age verified for samples given to patrons? Yes No

29. Number of times law enforcement have been called to establishment within past 12 months:

If response above is greater than "0", provide details: _____

SECTION III

30. Additional Insureds:

| Name | Relationship/Interest | Address | City, State, Zip | AI/CH |
|------|-----------------------|---------|------------------|-------|
| | | | | |
| | | | | |
| | | | | |

31. Expiring Liquor Liability Carrier: _____

Effective Date: _____ Expiration Date: _____

Expiring Premium: \$ _____

Expiring Policy Limits: \$ _____

Deductible: \$ _____

FRAUD WARNINGS

FOR APPLICANTS IN THE FOLLOWING STATES:

COLORADO – 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

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.

MARYLAND – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW YORK – 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 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 five thousand dollars and the stated value of the claim for each such violation.

OHIO – 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.

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

OREGON – Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information, information concerning any material fact, may have committed a fraudulent insurance act, which may be a crime and may subject the person to penalties.

PUERTO RICO – Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

FOR APPLICANTS IN ALABAMA, ARKANSAS, ARIZONA, LOUISIANA, NEW MEXICO AND WEST VIRGINIA:

Any person who knowingly presents a false claim or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

FOR APPLICANTS IN MAINE, TENNESSEE, VIRIGINA AND 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 may include imprisonment, fines or denial of insurance benefits.

FOR APPLICANTS IN ALL OTHER STATES:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or claim containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

WARRANTIES AND REPRESENTATIONS

In submitting this Application, the undersigned warrants and represents that:

- a) The information in this Application and all attachments are true and complete as of the date submitted;
- b) Founders Insurance Company may, and is intended to rely upon such information in determining whether to issue insurance coverage and, if so, at what premium and upon what terms;
- c) Upon any change in circumstances which bear upon the accuracy or completeness of the undersigned's representations herein, he/she shall notify Founders Insurance Company immediately in writing and such notice shall become a part of this Application;
- d) Founders Insurance Company may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this Application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- e) Neither the insured nor any principal with a control interest in the insured, has filed for bankruptcy within 12 months prior to the date the application is signed;
- f) General Liability insurance is carried by the insured at limits equal to or greater than Liquor Liability on our policy;
- g) The insured has and will maintain a valid liquor license prior to the insured selling, serving or distributing alcohol.
- h) The undersigned authorizes all former liability insurers and all accounting firms to disclose to Founders Insurance Company and/or its agents all available information concerning the undersigned's prior underwriting or claims history and liquor purchases and receipts, and releases all such former liability insurers and accounting firms, Founders Insurance Company and its agents from any liability resulting from such disclosures and use, even if such information is incomplete or erroneous;
- i) Upon submission of this application and at any time thereafter the undersigned shall make available to Founders Insurance Company and its agents access to the premises and operations to be insured for an inspection and copies of the last four (4) calendar quarters of sales tax returns;
- j) The submission of this Application shall not bind Founders Insurance Company or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage; and
- k) Should Founders Insurance Company issue insurance coverage which is accepted by the undersigned:
 - 1) The undersigned shall allow Founders Insurance Company to audit its books, records, and operations, including an audit of the estimated liquor receipts to ensure their accuracy and/or actual liquor receipts for any relevant time period;
 - 2) The undersigned shall maintain accurate books and records of its liquor receipts for three (3) years following policy expiration and shall send to Founders Insurance Company copies of any documents requested;
 - 3) The premium payable for the insurance coverage is a deposit premium only and may be adjusted by Founders Insurance Company at any time during the policy period and up to three years after its expiration based upon the rates in effect at policy inception; and
 - 4) The undersigned shall pay any additional premium due to Founders Insurance Company within fifteen (15) days of receipt of an invoice.

Applicant's Signature: _____ **Title:** _____ **Date:** _____
(Required) (Required) (Required)

Agent's Signature: _____ **Date:** _____
(Required) (Required)