

GENERAL INFORMATION:

| | | |
|--|------------------------------|-----------------------------|
| WAS THE BUILDING ORIGINALLY BUILT AS A RESTAURANT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IF NO, DESCRIBE ORIGINAL USE | | |
| IS SMOKING ALLOWED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IF YES, DESCRIBE CONTROL OF THE HAZARD AND METHOD FOR DISPOSAL OF ASHTRAY CONTENTS | | |
| ARE DUMPSTERS PROPERLY LOCATED AWAY FROM THE BUILDING? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| COMMENTS: | | |

**COVERAGE OFFERED ONLY FOR LIQUOR RECEIPTS LESS THAN 50% OF TOTAL RECEIPTS:
MONO LINE LIQUOR COVERAGE IS NOT AVAILABLE**

BUSINESS OPERATIONS:

| | | |
|---|------------------------------|-----------------------------|
| DOES APPLICANT HAVE A LIQUOR LICENSE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WHAT NAME IS ON THE LICENSE? | | |
| TYPE OF CUSTOMERS (Families, Students, Professional, Military, Blue Collar) | | |
| ANY OFF-PREMISES EVENTS? | | |
| ANY CATERING, BANQUET EVENTS? | | |
| SEATING CAPACITY: | DINING ROOM | |
| | BAR AREA | |

REGULATORY REQUIREMENTS:

| | | |
|--|---|-----------------------------|
| HAS LIQUOR LICENSE EVER BEEN DENIED OR CANCELED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IN THE PAST 5 YEARS, HAS APPLICANT HAD ANY LIQUOR LIABILITY, ASSAULT OR BATTERY CLAIMS OR INCIDENTS THAT MIGHT GIVE RISE TO SUCH A CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| IF SO, DESCRIBE | | |
| WITHIN PAST 5 YEARS, HAS APPLICANT BEEN FINED OR CITED FOR ANY ALCOHOL-RELATED VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| IF YES, DESCRIBE | | |
| WITHIN PAST 5 YEARS, HAS APPLICANT HAD LIQUOR LICENSE SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| DOES APPLICANT REQUIRE THAT ALL PERSONS SERVING OR SELLING ALCOHOL BE CERTIFIED BY A FORMAL AWARENESS TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| DOES APPLICANT HAVE PROCEDURES IN PLACE TO REGULATE THE SALE OF ALCOHOL TO INTOXICATED CUSTOMERS OR MINORS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| ARE EMPLOYEES PERMITTED TO CONSUME ALCOHOL ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| WHILE ON JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO | AFTER SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ARE EMPLOYEES REQUIRED TO CHECK AGE IDENTIFICATION OF CUSTOMERS WHO APPEAR TO BE UNDER THE AGE OF 21? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

SALES:

PROVIDE ANNUAL SALES BREAKDOWN FOR THE PAST 3 YEARS:

| YEAR | ALCOHOL | FOOD | OTHER | TOTAL |
|-----------------|---------|------|-------|-------|
| Current Year | | | | |
| Prior Year | | | | |
| Next Prior Year | | | | |

TYPE OF ALCOHOL SOLD: Beer % Wine % Mixed Drinks %

COMMENTS:

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, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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.

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the company to policy issuance.

APPLICANT'S SIGNATURE _____ DATE _____

This form shall be attached to, and made part of, the fully completed Acord application by the applicant.