

Retail Liquor



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The Agent Agency

COVERAGE REQUESTED

1. Type of Application New Renewal
Expiring Policy # _____
Surplus Lines Producer: _____
City/State: _____ Zip: _____
Contact: _____
Need quote for: Liquor Liability only General Liability & Liquor Liability
2. Need quote by: _____ Desired Policy Period From: _____ To: _____
3. Liquor Limit requested: \$50,000/\$50,000 \$100,000/\$100,000 \$200,000/\$200,000 \$300,000/\$300,000
 \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

APPLICANT INFORMATION

4. Legal Name: _____ DBA: _____
Mailing Address: _____
(Street) (City) (State) (Zip)
Phone: _____ Applicant's total years of experience in this business: _____
5. Name of Location to be Insured: _____
Location Address: _____
(Street) (City) (State) (Zip)
of Locations to be Insured: _____ Phone: _____ Website: _____
- *NOTE: Only One location per application. For multiple Retail Stores, use the Centrex Retail Store Application with the Multi Location Supplement.**
6. If coverage is bound, it will cover only the designated Insured Location(s) which will be subject to inspection and audit.
Contact person for inspection/audit: _____ Telephone: _____
7. Form of Business: Individual Joint Venture Partnership Corporation
 Limited Liability Company Other: _____
8. Description of Operations: Type of alcoholic beverages sold:
 Convenience/Grocery store Liquor Wine Beer
 Package store (retail) Liquor Wine Beer
9. Applicant's years in business at this Location: _____

10. Does the Applicant: (Answers to all items are required)

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Have a license to sell alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stop selling alcohol at or before 8:00 pm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sell alcohol after 2:00 am? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sell alcohol 24 hours a day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have a drive-through operation for the sale of alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Have procedures in place to regulate the sale of alcohol to intoxicated customers and to minors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Have any on-premises alcohol consumption operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Explain: | _____ | |

11. Within the past 5 years, has Applicant had a liquor license suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)? Yes No If **YES**, number of times: _____

Explain: _____

12. Does the Applicant require all alcohol serving or selling employees be certified by a formal alcohol-awareness training program? Yes No
If **YES**, give the name of the training program (BEST, RAMP, TIPS, TAM, etc.): _____

13. Provide Applicant's annual sales for all alcoholic beverages (liquor, wine, and beer): Past 12 months: _____ Next 12 months: _____

14. Does Applicant carry General Liability insurance? Yes No If **YES**, effective from _____ to _____
Insurer: _____ Limits: \$ _____

15. Does Applicant currently carry Liquor Liability Insurance? Yes No Expiration date: _____
Insurer: _____ Limits: \$ _____ Premium: \$ _____

Except for Kentucky risks, has any insurer cancelled or non-renewed Liquor Liability coverage in the past 3 years? Yes No

If **YES**, explain: _____

16. In the past 5 years, has the Applicant had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not? Yes No If **YES**, how many claims or incidents? _____ Give details below:

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A			\$	\$		
B			\$	\$		

17. Is coverage needed for Additional Insureds: A-None B-Lessor/Property Manager C-Vendor D-Franchisor

Vendors-Only product type: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

GENERAL LIABILITY SECTION (to be completed only if GL coverage is requested)

GL limit requested: \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

1. Do you own the building? Yes No If **YES**, is any part of your location rented to others? Yes No
If **YES**, what is the occupancy of the tenant(s)? Apartments Retail/Other
If apartments, how many units are rented to others? _____ If Retail/Other, what is the square footage occupied by the tenant(s)? _____

2. Are exits clearly marked and unobstructed? Yes No

3. Is cooking performed? Yes No If **YES**, is there an operational Ansul system? Yes No

4. Is there a service agreement in place for cleaning the surfaces and ducts of the extinguishing system? Yes No

5. What is the square footage available for the parking of autos? _____

6. Are fireworks sold on premises? Yes No **If fireworks are sold on premises, then risk is not eligible for GL coverage.**

7. Has the applicant had any Health or Safety violations in the past 3 years? Yes No
If **YES**, please provide details: _____

8. If cigarettes are sold, are procedures displayed and followed on verifying the age of customers? Yes No

9. If open after 12:00 am, does the facility have any of the following:
Surveillance cameras Yes No Central station alarm system Yes No
Two or more employees on duty at all times Yes No Exterior lighting in parking areas Yes No
Does the Applicant have a drive-through operation for the sale of alcohol? Yes No

10. Total receipts other than gasoline sales: \$ _____ (Should include alcohol, food, other sales.)

11. Receipts from gasoline sales, if any: \$ _____

12. In the past 3 years, has the Applicant had any GL claims or incidents that might give rise to such a claim, whether insured or not? Yes No

If **YES**, please provide details:

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A			\$	\$		
B			\$	\$		

State Fraud Warnings – By State

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”

Florida: “Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

Hawaii: “For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.”

Kentucky: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.”

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

Maine: “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.”

Maryland: “Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and 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 Jersey: “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

New Mexico: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.”

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 \$5,000 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.”

Pennsylvania: “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 subjects such person to criminal and civil penalties.”

Tennessee or Virginia or 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.”

For All other States: NOTICE: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

BY SIGNING THIS APPLICATION, THE APPLICANT: (1) certifies that the information contained in this application is true and accurate to the best of his/her knowledge and belief; and (2) acknowledges that the information contained herein will be the basis upon which the Insurer may issue a Liquor Liability policy to the Applicant; and (3) acknowledges that if the Insurer issues a Liquor Liability policy and if any information contained herein is misleading or false, the Insurer may have the right to rescind the policy which may be issued pursuant to this application. The signing of this application does not bind the Insurer to provide the insurance. It is mutually understood and agreed by the Insurer and the Applicant that any inspection of the premises is made solely for the use and benefit of the Insurer, and is not to be relied upon by the Applicant in any way; and (4) authorizes the Insurer and its authorized representative to obtain the following information from the state and/or other liquor authority licensing or regulating this establishment: all violations, consumer complaints and disciplinary actions on record with the state and/or other authority licensing or regulating this establishment in the past five years.

Signature of Applicant: _____ Title: _____

Print Name: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency: _____ City: _____ State: _____

Retail Agency Signature: _____ Date: _____ Telephone: () _____

Print Name: _____