

CHARLES JAMES CAYIAS

INSURANCE INC.

2150 South 1300 East, Suite #100, Salt Lake City, UT 84106
 (801) 488-0085 • Fax (801) 463-6683

QUESTIONNAIRE – LIQUOR LIABILITY

Please answer all questions fully. This questionnaire is to be submitted with a completed ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Proposed Named Insured: _____

Mailing Address: _____

Location Address: _____

Proposed Effective Date: From: _____ To: _____

LIMITS OF LIABILITY

Each Common Cause: \$ _____ Aggregate Limit: \$ _____

Please Answer All Questions

Type of Risk:

- | | | |
|---------------------------------|---------------------|------------------------------|
| _____ Convenience/Grocery Store | _____ Bar/Tavern | _____ Catering Service |
| _____ Package Store | _____ Restaurant | _____ Liquor Manufacturer |
| _____ Night Club | _____ Comedy Clubs | _____ Gentlemen's/Strip Club |
| _____ Wholesaler/Distributor | _____ Casino | _____ Special Event Vendor |
| _____ Concessionaire | _____ Hall for Rent | _____ Country Club |
| _____ Fraternal Club | _____ Distributor | |
| _____ Other (Describe) _____ | | |

Type of Ownership:

- _____ Corporation _____ Individual _____ Partnership _____ Other

	REVENUES	
Total Gross Annual Receipts:	Prior 12 Months	Current 12 Months
Food:	\$ _____	\$ _____
Alcohol (Consumption ON Premises):	\$ _____	\$ _____
Alcohol (Consumption OFF Premises):	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Please describe "Other":	_____	

CHARLES JAMES CAYIAS
INSURANCE INC.

Years applicant has been in business: _____
Years current owner has been in business at this location: _____
If less than 3 years, please describe prior experience: _____

Hours of Operation: _____
How many days per week is location open: _____
Hours of Serving: _____

Is there a cover charge?: _____ Yes _____ No
If Yes, what is the amount?: \$ _____

Square foot area the business occupies: _____ Maximum Occupancy: _____

Average age of Patrons: _____ Are all ID's checked: _____

Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your liquor license suspended? _____ Yes _____ No
If Yes, when and why?: _____

Name on Liquor License: _____ Type of Liquor License: _____

Please describe any special offers, promotions, or discounts on alcoholic beverages: _____

Have all servers been through any server training (tips, tops)?: _____ Yes _____ No
Type of Course: _____ How Often required?: _____

How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)?: _____

Procedures in place regulating the sale of alcohol to minors/those under the influence? _____ Yes _____ No
If Yes, describe: _____
How is age of customer verified?: _____

Type of Clientele:
_____ Area Residents _____ Area Workers _____ Tourists
_____ College _____ Other: _____

CHARLES JAMES CAYIAS
 INSURANCE INC.

Percentage of Clientele:

Under 25 25-30 Over 30

Type of Area:

Industrial/Commercial Residential Rural
 Other: _____

Do you have "Happy Hour" or 2-for-1 drink specials?: Yes No
 Is last call announced? Yes No
 Are Customers allowed more than one drink at last call?: Yes No
 Are patrons allowed to BYOB (Bring Your Own Booze)?: Yes No

Number of Employees: _____

Please describe hiring practices: _____

Please describe training practices: _____

Any security (Guards, bouncers, door-persons, videotaping, etc)?: Yes No

Please describe: _____

Any firearms kept or carrier on the premise?: Yes No

Entertainment:

Music DJ Juke Box
 Electronic Games Type: _____
 Mechanical Devices Type: _____
 Dance Floor Size: _____
 Live Entertainment Type & How Often: _____
 Pool tables Number: _____

Please describe ANY other type of entertainment: _____

Loss History:

Please describe ANY losses in the prior 5 years: _____

CHARLES JAMES CAYIAS
INSURANCE INC.

Additional Notes: _____

CHARLES JAMES CAYIAS
INSURANCE INC.

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

Applicant Signature

Title

Date

Producer Signature

Date