



# Capitol SPECIALTY INSURANCE CORPORATION

## LIQUOR LIABILITY APPLICATION

ALL QUESTIONS MUST BE ANSWERED, IF THE ANSWER TO ANY QUESTIONS IS NONE, STATE "NONE". THE APPLICATION MUST BE SIGNED AND DATED BY THE OWNER, PARTNER OR OFFICER. READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

### GENERAL INFORMATION

1. Name of Applicant \_\_\_\_\_  
DBA: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Location: \_\_\_\_\_
4. Applicant is  Individual  Partnership  Corporation  Other (Describe) \_\_\_\_\_
5. Name on the Liquor License: \_\_\_\_\_
6. Name of the person and phone number who keeps the accounting records. \_\_\_\_\_
7. How long has current owner been in business at this location? \_\_\_\_\_  
If 5 years or less, describe prior experience: \_\_\_\_\_
8. Has owner, officer or partner filed bankruptcy in the last 5 years? \_\_\_\_\_
9. Limits Desired: Each Common Cause Limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_
10. Is an Additional Insured needed? \_\_\_\_\_  
If yes, Name is: \_\_\_\_\_  
Address is: \_\_\_\_\_  
Describe Insurable Interest: \_\_\_\_\_
11. Type of Business:  Bar/Tavern  Banquet Hall  Private Club  
 \*Restaurant  Retail Store  Country Club  
 Night Club  Casino  Fraternal Club  
 Concessionaire  Wholesale Distributor  Adult Entertainment  
 Liquor Store  Off-Premises Caterer  Other \_\_\_\_\_

**\*To be classified as a restaurant, the liquor sales must be less than 35% of total receipts.**

#### ESTIMATED RECEIPTS

a) Total Gross Annual Receipts	<b>Past 12 Months</b>	<b>Next 12 Months</b>
Food	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____
Other (Describe): _____	\$ _____	\$ _____
b) If applicant engages in the sale of alcoholic beverages for on-premises & off-premise consumption, provide a breakdown:		
	<b>On Premise</b>	<b>Off Premise</b>
Food	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____

c) If applicant has more than one operation at the same location, provide breakdown of receipts by operation:

	Bar/Lounge	Restaurant	Banquet	Retail Sales	Other
Food	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Alcohol	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other (Describe)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

12. Are facilities available for private affairs, banquets or receptions?  Yes  No

If yes, Number of functions handled annually: \_\_\_\_\_

Describe types: \_\_\_\_\_

13. Provide a breakdown of food receipts and liquor receipts generated by banquet operations:

Food Receipts \$ \_\_\_\_\_ Liquor Receipts \$ \_\_\_\_\_

14. If applicant engages in sale of alcoholic beverages for on-premises and off-premises consumption, provide a breakdown of revenue per exposure.

**On Premises**

Food Receipts \$ \_\_\_\_\_

Liquor Receipts \$ \_\_\_\_\_

**Off Premises**

Food Receipts \$ \_\_\_\_\_

Liquor Receipts \$ \_\_\_\_\_

15. Are dancing and entertainment featured at banquet operation?  Yes  No

**ENTERTAINMENT**

1. Any entertainment, describe:

DJ, Juke Box, Karaoke

Band 3 members)

Solo Vocalist

Band (4+ members)

Comedy Club

Exotic Dancers/Adult Entertainment

Stage/Floor Show Describe \_\_\_\_\_

Contests (Describe \_\_\_\_\_)

2. Is dancing permitted?  Yes  No If yes, size of dance floor: \_\_\_\_\_

3. Area of total premises: \_\_\_\_\_ Area of dance floor \_\_\_\_\_

4. Is there a minimum or coverage charge?  Yes  No Annual receipts generated by cover charge: \_\_\_\_\_

5. If musical entertainment, what type?

Top 40's/Pop

Class Rock

Soft Rock

Alternative

Country

Jazz

R&B

Rap

Other \_\_\_\_\_

**OPERATION**

1) Hours of Operation: Mon – Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

2) Does establishment ever stay open past 2 a.m.?  Yes  No

If yes, was the establishment required to apply for a special license?  Yes  No

3) Are operations seasonal?  Yes  No

If yes, what is the season? \_\_\_\_\_ To \_\_\_\_\_

4) Does applicant engage in off-premises sales or service of alcohol?  Yes  No

5) Do applicants have any mechanical rides or devices (mechanical bull, virtual reality, etc)?  Yes  No

If yes, total number and types: \_\_\_\_\_

6) Are guns permitted or kept on premises?  Yes  No



**FRAUD STATEMENT**

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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Signature of Applicant Title Date

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Signature of Producing Agent Date

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Agent Name and Address