



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

CONVENIENCE/LIQUOR STORE LIQUOR LIABILITY 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. Is the premises located on a campground? Yes No
14. Estimated Receipts:
Annual Liquor Receipts On-Premises (including beer and wine) \$ _____
Annual Liquor Receipts Off-Premises Package Sales (including beer and wine) \$ _____
Annual Liquor Receipts Off-Premises Distribution Sales (including beer and wine) \$ _____

15 & 16.

Question 15 - Coverage Limits and Question 16 - 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
(Not available in Illinois)
- \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
- Assault & Battery Buy-Back Limits: \$50,000/\$50,000 \$100,000/\$100,000 \$300,000/\$300,000
 \$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:

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 Buy-Back Limits: \$50,000/\$50,000 \$100,000/\$100,000 \$300,000/\$300,000
 \$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 Buy-Back Limits: \$50,000/\$50,000 \$100,000/\$100,000 \$300,000/\$300,000
 \$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=\$5,000) \$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

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

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

18. List all claims and suits related to liquor liability including claims related to assault and battery claims brought against applicant within the 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)

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

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

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

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

23. Within the past 3 years, has applicant's liquor coverage been cancelled or non-renewed? Yes No
 If yes, explain: _____
24. Does the applicant
- a. Serve cannabis or THC infused drinks? Yes No
- b. Have slot or gaming machines? Yes No
 If yes, how many? _____
- c. Serve complimentary drinks? Yes No

SECTION II.

1. 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#: _____
2. Has license been suspended or revoked in the past 3 years? Yes No
3. 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		

4. Are there drive-through facilities? Yes No
 If yes, do drive through facilities sell open containers or mixed drinks? Yes No
5. Are guns/weapons kept or permitted on premises? Yes No
 If yes, where are they kept? _____
6. 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
7. Number of times law enforcement have been called to establishment within the past 12 months: _____
If response above is greater than "0", provide details: _____

SECTION III.

1. Additional Insureds:

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

2. Expiring Liquor Liability Carrier: _____

Effective Date: _____ Expiration Date: _____

Expiring Premium: \$ _____

Expiring Policy Limits: \$ _____

Deductible: \$ _____

Fraud Warnings:

Please refer to Acord 63 for state specific fraud warnings: This application cannot be considered complete until the signed ACORD 63 fraud warning statement has also been attached.

All Other 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 materially false information may be guilty of a criminal offense and may be subject to fines and confinement in prison, and denial of insurance benefits.

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)

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