

# RETAIL STORE APPLICATION FOR LIQUOR LIABILITY AND GENERAL LIABILITY INSURANCE

Liquor/General Liability Program (fields in red are required)

1. Type of Application:  New  Renewal  
 Expiring Liquor Policy: \_\_\_\_\_ Expiring GL Policy: \_\_\_\_\_ Surplus Lines Producer: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Need quote for:  Liquor Liability only  
 General Liability & Liquor Liability Contact: \_\_\_\_\_

2. Need quote by: \_\_\_\_\_ Desired Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

3. Liquor Limit requested:  \$50k/\$50k  \$100k/\$100k  \$200k/\$200k  \$300k/\$300k  \$500k/\$500k  \$1 Mil/\$1 Mil  \$1 Mil/\$2 Mil

4. Name of Applicant (show all names including legal and dba names): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

5. Name of Location to be Insured: \_\_\_\_\_  
 Location Street Address: \_\_\_\_\_  
 Location City: \_\_\_\_\_ Location State: \_\_\_\_\_ Location ZIP: \_\_\_\_\_  
 # of Locations to be Insured: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
**NOTE: For multiple location risks, attach information for subsequent locations on the Centrex 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 #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

7. Form of business:  Individual  Joint Venture  Partnership  Corporation  Limited Liability Company  Other: \_\_\_\_\_

8. Description of Operations:  Convenience/Grocery Store  Package Store (retail)  
 Type of alcoholic beverages sold:  
 Liquor  Wine  Beer  
 Liquor  Wine  Beer

9. Applicant's years in business at this Location: \_\_\_\_\_

10. Does the Applicant: (Answers to all items are required)  
 Yes  No - have a license to sell alcohol?  
 Yes  No - have procedures in place to regulate the sale of alcohol to intoxicated customers and to minors?  
 Yes  No - stop selling alcohol at or before 8:00 pm?  
 No  Yes - sell alcohol after 2:00 am?  
 No  Yes - sell alcohol 24 hours a day?  
 No  Yes - have a drive-through operation for the sale of alcohol?  
 No  Yes - have any on-premises alcohol consumption operations?  
 If yes, 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, # of times: \_\_\_\_\_  
 Explain: \_\_\_\_\_

12. Does the Applicant require that 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 and Missouri risks, has any insurer denied, 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	_____	_____	_____	_____	_____	_____
C	_____	_____	_____	_____	_____	_____

17. Is coverage needed for Additional Insureds:  A-None  B-Lessor/Property Manager  C-Vendor  D-Franchisor Vendors Only-product type:  
 Name/Address/Interest: \_\_\_\_\_  
 Name/Address/Interest: \_\_\_\_\_  
 Name/Address/Interest: \_\_\_\_\_

**General Liability Section (to be completed only if GL coverage is requested)**

General Liability 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  
 a. If yes, what is the occupancy of the tenant(s)?  Apartments  Retail/Other  
 b. 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 the 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

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

11. Receipts from gasoline sales, if any: \_\_\_\_\_

12. In the past 3 years, has the applicant had any General Liability 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	_____	_____	_____	_____	_____	_____
C	_____	_____	_____	_____	_____	_____

**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, Centrex Underwriters, Inc., 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: \_\_\_\_\_ 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: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Retail Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_