



AMERICAN SPECIALTY®
LIQUOR LIABILITY APPLICATION

1.	Named Insured:			
	Address:			
		Street	City	State
				Zip
	Contact Person:			
	Phone:		Fax:	
2.	Name on liquor license:			
3.	Liquor license number:		Class of license:	
4.	Type of facility or event where liquor will be sold:			
	Dates coverage required:			
	Opening and closing hours of event(s):			
	Opening and closing hours of liquor sales:			
5.	Has applicant's liquor license ever been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please explain:			
6.	Has applicant incurred claims for liquor liability during the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please explain:			
7.	Has any insurer cancelled or non-renewed coverage during the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please explain:			
8.	Has applicant ever been fined by alcoholic beverage control or other governmental regulator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please explain:			
9.	Type of beverages sold:			
10.	Annual Gross Sales:			
	Liquor Sales	\$		
	Food Sales	\$		
	Other	\$		
11.	Are patrons allowed to carry alcoholic beverages onto the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, what type?			
12.	Do you exercise the right of search and seizure of contraband items?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, how do you notify the public of this?			
13.	Do you maintain security personnel at entry check points?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, what type?			
14.	Are the alcohol sales and consumption:	<input type="checkbox"/> Contained within one fixed site, or <input type="checkbox"/> Are booths/stands located throughout the event site?		
15.	Number of servers used?			
	Professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	
	Volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	

16.	Do the servers receive any type of alcohol awareness training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain: (attach training manuals used)	
17.	Median age of liquor customers: <input type="checkbox"/> 21-25 <input type="checkbox"/> 25-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40 and over	
	Are minors allowed to enter the location where alcohol is being served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how is underage consumption of alcohol prevented?	
18.	Explain how ID's are checked:	
19.	Are uniformed police officers present at the site of alcohol sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how many?	
	Are undercover police officers present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how many?	
	Are private security officers present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how many?	
20.	Are rules and regulations clearly displayed for patrons viewing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe:	
21.	In what size of container is the alcoholic beverage served?	<input type="checkbox"/> cup oz. <input type="checkbox"/> Pitcher <input type="checkbox"/> Other
22.	Is there a limit placed on the quantity of alcoholic beverages purchased at one time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain:	
23.	Is there entertainment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Live music?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Disc Jockey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Type of music:	
24.	Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain:	
25.	Is there any type of designated driver program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain:	
26.	Is there any other underlying liquor liability coverage being provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain:	
27.	Will there be additional limits of liquor liability purchased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the additional limit?	

Generic Fraud Warning Language:

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 may be guilty of insurance fraud.

NOTICE TO RESIDENTS OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming

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, Tennessee, Virginia

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 a denial of insurance benefits.

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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

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 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 five thousand dollars and the stated value of the claim for each such violation.

Oregon

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL EVALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

I confirm that I have read and understand the individual state fraud notices which are a part of this American Specialty application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Date

Signature of Insured or Authorized Representative

Title

Send completed form to:

American 7 UbcY'5 ggcWUjcb

108 Hanover Street

Fredericksburg, VA 22401

Phone: (540) 907-4460

Fax: (888) 229-3792

E-mail: insurance@americancanoe.org