

# ProHost Liquor Liability Insurance Application

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(Please make certain that all questions are answered in full. Incomplete or missing answers will cause delays in processing and may cause coverage to be declined.)

## Applicant Information (to be shown on policy)

(a) Name \_\_\_\_\_  
DBA: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
State / Zip Code \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Retailer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

(b) Applicant is ( ) Individual ( ) Corporation ( ) Partnership ( ) LLC  
( ) Other: (specify) \_\_\_\_\_

## Surplus Lines Taxes & Fees

Who is Filing Taxes: Broker ( ) AIRisk ( ) **CONTACT AI RISK FOR APPROVED STATES**

License Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Number of premises to be insured \_\_\_\_\_ Separate applications must be attached for each additional location and are incorporated by reference herein.**

STATE THE NAME AND ADDRESS OF THE ESTABLISHMENT COVERED BY THIS APPLICATION

Claims Made [ ] Occurrence [ ] Limits of Liability applied for \_\_\_\_\_

**RETROACTIVE DATE, IF APPLICABLE:** \_\_\_\_\_

**EFFECTIVE DATE OF COVERAGE:** \_\_\_\_\_

## Liquor License (for the establishment covered by this application)

State of issuance: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Prior to the Expiration Date (stated above), state the number of consecutive years the establishment has held a valid Liquor License(s) not subject to suspensions, revocations, or other impairments \_\_\_\_\_

## Type of Establishment (Check all applicable items)

Bar Only ( ) Bowling Alley ( ) Tavern ( ) Country Club ( )  
Fast Food ( ) Restaurant ( ) Boat Cruises ( )  
Package Store ( ) Distributor ( ) Off Premises Caterers ( )  
Convenience Store with fuel ( ) Convenience Store without fuel ( ) Is there any carry out food sales ( ) Yes ( )  
No

Other Type of Establishment (Not Listed Above): \_\_\_\_\_

If other than bar only, is there a separate bar area? Yes ( ) No ( )

If yes, Seating Capacity of the separate bar area: \_\_\_\_\_

Average waiting time to eat at restaurant or food service facility: \_\_\_\_\_ minutes

## Entertainment (Check all applicable items)

### Type of Music

1. Juke Box ( ) 2. Dancing 2-3 nights/week ( ) 3. Customer Dancing 4-7 ( ) 4. Hard Rock ( )  
nights/week  
5. Pool Table ( ) 6. Card Table ( ) 7. Disco ( ) 8. Top 40's ( )  
9. Dart Board ( ) 10. Combo ( ) 11. Pinball Machine ( ) 12. Country ( )  
13. Singer ( ) 14. Music (Band) ( ) 15. Piano Bar ( ) 16. Oldies ( )

**Adult Entertainment (Check all applicable items)**

1. Exotic Dancing ( ) 2. Cage Dancing ( ) 3. Partial Nude Dancing ( ) 4. Other \_\_\_\_\_

**NONE OF THE ABOVE ( ) OTHER \_\_\_\_\_**

Bartender Training: ( ) No ( ) Yes **TYPE:** ( ) B.A.D.D. ( ) TIPS ( ) Other \_\_\_\_\_

**Happy Hour Promotions** ( ) Yes ( ) No If yes, please check appropriate box.

( ) Wet Tee shirt contest ( ) Discounted Drinks ( ) Two for one Drinks ( ) Free Drinks

( ) Other \_\_\_\_\_

**General Information**

(a) Is this premise inside or outside an incorporated municipality? ( ) Inside ( ) Outside

(b) Opening and closing hours \_\_\_\_\_

(c) Seating capacity: Dining Room \_\_\_\_\_ Bar \_\_\_\_\_ Not Applicable ( )

(d) Number of bartenders: \_\_\_\_\_ Not Applicable ( )

(e) Has liquor liability insurance coverage been denied, cancelled or non-renewed during the last 3 years? ( ) Yes ( ) No If Yes, explain in the **Remarks** section below.

(f) Has the applicant, any partner, or any officer of applicant been the subject of any voluntary or involuntary bankruptcy proceedings within the past 5 years ( ) Yes ( ) No If yes, explain in the **Remarks** section below.

(g) Has this establishment or any establishment of the applicant or partner been subject to any regulatory investigations, fines, warnings in the past 5 years ( ) Yes ( ) No If yes, explain in the **Remarks** section below.

(h) How many years of experience does the owner or manager have in the business? \_\_\_\_\_

(i) Is this a restaurant? ( ) Yes ( ) No How many years has this restaurant been at the same location and under the same management? \_\_\_\_\_

**Main Exit(s)**

(a) Main pedestrian exit places pedestrians on/in a/an:

(1) Parking Lot

(2) Divided highway ( )

(3) Undivided highway ( )

(4) Unlighted road ( )

(5) Dirt Road ( )

(6) Bridge ( )

(7) Other \_\_\_\_\_

(b) Any obstruction(s) blocking view of traffic? ( ) Yes ( ) No

(c) Main vehicular exit places vehicles on a/an:

(1) Divided highway ( )

(2) Undivided highway ( )

(3) Unlighted road ( )

(4) Dirt Road ( )

(5) Bridge ( )

(6) Other \_\_\_\_\_

(d) Any obstruction(s) blocking view of oncoming traffic? ( ) Yes ( ) No

(e) What is speed limit on the road \_\_\_\_\_ MPH

(f) Describe any other vehicular exits \_\_\_\_\_

**Management**

(a) Describe, in detail, owner/manager's hours and the establishment's policy with respect to checking the identification of customers who request alcoholic beverages, the number of drinks served to patrons, the procedure for handling intoxicated individuals, etc.: (Use the **Remarks** section below for additional comments.)

\_\_\_\_\_  
\_\_\_\_\_

(b) Describe how the establishment's policy (above) is communicated to employees. Include any written policy provided to employees. (Use the **Remarks** section below for additional comments.)

\_\_\_\_\_  
\_\_\_\_\_

**Annual Gross Sales**

	<u>Next 12 Months</u>	<u>Previous Year</u>
On Liquor Sales	\$ _____	\$ _____
Off Liquor Sales	\$ _____	\$ _____
Food Sales	\$ _____	\$ _____
Other Sales	\$ _____	\$ _____

**Loss History**

Did you have any losses in the past five (5) years [ ] Yes [ ] No  
If yes, please provide the following information below.

<u>Year</u>	<u>Total Losses</u>	<u>Describe any losses that exceeded \$10,000 (Use the Remarks section</u>
	<u>For that Year</u>	<u>below for additional comments)</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**Insurance History**

- (a) Previous Liquor Liability Insurer: \_\_\_\_\_
- (b) Policy number: \_\_\_\_\_
- (c) Limits of Liability: \_\_\_\_\_
- (d) Premium \$ \_\_\_\_\_
  
- (e) General Liability Insurer: \_\_\_\_\_
- (f) Policy number: \_\_\_\_\_
- (g) Limits of Liability: \_\_\_\_\_

**REMARKS** (Attach additional pages as necessary. Additional pages are incorporated by reference herein.)\_

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**IMPORTANT NOTICE**

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

**IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.**

**NOTICE TO ARKANSAS APPLICANTS: "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."**

**NOTICE TO COLORADO APPLICANTS: "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 AUTHORITIES."**

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."**

**NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."**

**NOTICE TO KENTUCKY APPLICANTS: "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."**

**NOTICE TO LOUISIANA APPLICANTS: "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."**

**NOTICE TO MAINE APPLICANTS: "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."**

**NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."**

**NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."**

**NOTICE TO NEW MEXICO APPLICANTS: "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."**

**NOTICE TO NEW YORK APPLICANTS: "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, 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."**

**NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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."**

**NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).**

**NOTICE TO PENNSYLVANIA APPLICANTS: "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."**

**NOTICE TO TENNESSEE APPLICANTS: "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."**

**NOTICE TO VIRGINIA APPLICANTS: "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."**

\_\_\_\_\_  
Signature of Owner, Partner, Member, Principal, or Officer  
Authorized to Sign as Applicant

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_

License #: \_\_\_\_\_

**(EXCEPT IN MINNESOTA) PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.**

**The Applicant hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of defense expenses which include but are not limited to attorneys fees and, in such event, the insurer shall not be liable for the costs of defense expenses or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this policy.**

**This Applicant hereby further acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount.**

\_\_\_\_\_  
Signature of Owner, Partner, Member, Principal, or Officer  
Authorized to Sign as Applicant

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_