

CALIBER ONE INDEMNITY COMPANY

PROGRAM ADMINISTRATOR
ANP AGENCY, INC. 50 N. BROCKWAY, SUITE 4-10, PALATINE, IL 60067
PHONE 847-934-2497 FAX 847-359-4928

LIQUOR LIABILITY APPLICATION

ALL QUESTIONS MUST BE ANSWERED

1. Applicant _____
2. Mailing Address _____
City _____ State _____ Zip Code _____
3. Location (if different from Mailing) _____
City _____ State _____ Zip Code _____
4. Name on License _____ Phone Number _____
5. Entity: Ind. ___ Partnership ___ Corp. ___ LLC ___ Other _____
6. How many years has Applicant been in business? _____ If less than three years, what is Applicant's prior experience? _____
7. Has Applicant/Licensee/Owners/Partners/Officers EVER had a liquor license suspended, revoked or refused or paid a fine to any regulatory agency for a violation of law concerning the sale, service or distribution of alcohol? _____
If Yes, Please explain: _____
8. Has Applicant had any liquor liability claims or incidents reported at any location (insured or not) in the past five years? Yes _____ No _____
If Yes, Please explain: _____
Have the police been called to the premises within the past five years due to any disturbance among patrons? Yes ___ No ___ Explain _____
9. Has Applicant EVER had a liquor liability policy canceled (including for non-payment of premium) or non-renewed? Yes _____ No _____
If Yes, Please explain: _____
10. Previous Carrier _____ Expiration Date _____
Premium _____ Date of last audit _____
11. Inspection/accounting contact _____ Phone _____
12. Hour of operation Sun-Thurs _____ Fri _____ Sat _____
13. Are minors EVER allowed on the premises? Yes _____ No _____
If Yes, please explain _____
14. Is premises within three miles of any college campus? Yes _____ No _____
If Yes, which one and how far? _____
15. Average age of clientele? 21-30 ___ 30-40 ___ Over 40 ___
16. Square footage of establishment (customer access only) _____
17. Maximum occupancy _____ Average Sun-Thurs _____ Fri & Sat _____
18. Is premises within city limits? Yes _____ No _____

19. Does Applicant have any live entertainment? Yes ___ (explain) No ___
 Band ___ (type: rock, country, jazz, disco, other ___) DJ ___
 Comedy ___ Topless/nude dancers ___ Other ___
20. Is there a dance floor? Yes ___ No ___ If Yes, square feet ___
21. How many pool tables ___ video games ___ TV's ___
 other mechanical devices (if any) ___ Describe _____
22. Does Applicant require formal, industry recognized and certifiable professional training (such as TIPS/TAMS/TOPS) of all alcohol servers? Yes ___ No ___
 Number of full time bartenders/servers _____ Part time _____
23. Are procedures in place for handling intoxicated (or believed to be intoxicated) patrons? Yes ___ No ___ Explain _____
 Procedure for verifying legal age of all customers _____
24. Any bouncers or other security personnel? Yes ___ No ___ How many _____
 Employees ___ Contracted ___ Off duty police ___ Uniformed Police ___
 Armed ___ Unarmed ___ Are weapons EVER allowed or kept on the premises? Yes ___ No ___ If Yes, coverage will automatically be declined.
25. Establishment is a Restaurant ___ Tavern/Bar ___ Night Club ___
 Package/Convenience Store (sales for off-premises consumption only) ___
 Private Club ___ Hotel/Motel ___ Caterer ___ Wholesaler/Dist. ___
26. Limits Requested \$ _____ Occ. / \$ _____ Agg.
27. Estimated annual liquor receipts for the coming year \$ _____
 Actual liquor receipts for the previous policy year \$ _____
 Food receipts \$ _____ Cover Charge receipts \$ _____
28. Are patrons EVER allowed to (BYOB)? Yes ___ No ___
29. Does Applicant ever sponsor any promotions such as happy hours, ladies nights or any customer participation events? Yes ___ No ___ Explain _____
30. Are customers ever allowed more than one drink at last call? Yes ___ No ___

Applicants agree that answers to all questions are true to the best of their knowledge and that such answers will be the basis for any insurance policy issued. This application does not bind the Company to issue any policy nor does it require the Applicant to purchase any policy. Any Applicant and/or its representative who knowingly and with the intent to defraud any insurance company files an application for insurance containing any materially false and/or misleading information with the intent of obtaining a better rate or coverage that would otherwise be unobtainable is guilty of a fraudulent act.

Applicants further agree that the Company may at its discretion inspect their premises' or books as it sees fit and that the results of any inspection are for the sole use of the Company.

Applicant's Name (Print) _____
 Applicant's Signature _____ Date _____
 Licensed Agent's Name (Print) _____
 Licensed Agent's Signature _____ Date _____