

# CID Insurance Programs Inc. DBA CID Insurance Services

## Liquor Liability Warranty Application Bar/Restaurant Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

### I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses or violations in the past five years. If there is a loss or violation history, please complete the entire application.

Applicant's name: \_\_\_\_\_

Location address: \_\_\_\_\_ ☐ Same as mailing address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web address: \_\_\_\_\_

Number of locations to be insured: \_\_\_\_\_ (complete one application per location)

Description of operations:

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What year did the applicant start business at this location? \_\_\_\_\_

How many years experience does applicant have owning or managing this type of operation? \_\_\_\_\_

Food Sales	Alcohol Sales-On Premises Consumption	Alcohol Sales-Off Premises Consumption	Other Receipts (Describe)
\$	\$	\$	\$

Each Common Cause Limit: \$ \_\_\_\_\_ Aggregate Limit: \$ \_\_\_\_\_

What is the latest hour of operation? \_\_\_\_\_ ☐ AM ☐ PM ☐ 24 hours

What time does the sale of alcohol cease? \_\_\_\_\_ ☐ AM ☐ PM ☐ 24 hours

Does the applicant feature any entertainment? ☐ Yes ☐ No

If yes, check all of the following types that apply:

Adult entertainment/Exotic dancing	<input type="checkbox"/> Number of times per week _____ or per year _____
Bands (3 or more members, excluding jazz bands)	<input type="checkbox"/> Number of times per week _____ or per year _____
DJ with dancing	<input type="checkbox"/> Number of times per week _____ or per year _____
Dance club/dance hall	<input type="checkbox"/> Number of times per week _____ or per year _____
Banquet entertainment by applicant or lessee	<input type="checkbox"/> Number of times per week _____ or per year _____

Does the applicant ever employ bouncers, security or doorpersons? ☐ Yes ☐ No

Are all alcohol-serving employees certified in a Formal Alcohol Training Course not mandated by the state? ☐ Yes ☐ No

Does the establishment attract a predominantly youthful clientele ranging from 21-25 years of age? ☐ Yes ☐ No

Does the establishment utilize an identification scanner on all patrons regardless of age? ☐ Yes ☐ No

Is BYOB (bring your own bottle) permitted for other than banquet operations? ☐ Yes ☐ No

If yes, complete the following:

What is the maximum occupancy of the establishment? \_\_\_\_\_

What percentage of patrons brings their own bottle? ☐ less than 50% ☐ 50% or more

Does the establishment have a bar with seating? ☐ Yes ☐ No

Does the applicant offer on-premises tasting or sampling of alcoholic beverages in conjunction with any retail operation? ☐ Yes ☐ N

Additional Insureds:

Name	Relationship/Interest	Address	City, State, Zip

### II. GENERAL ELIGIBILITY CRITERIA SECTION - COMPLETE FOR ALL APPLICANTS

1. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months? ☐ Yes ☐ No

2. Will the applicant maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol? ☐ Yes ☐ No

a. Name on the license: \_\_\_\_\_

b. License #: \_\_\_\_\_

3. Is the applicant a franchisee? ☐ Yes ☐ No

4. Does the applicant ever sell or serve alcohol away from the premises? ☐ Yes ☐ No

*If off-premises coverage is desired, attach a completed Catering Plus Liquor Liability Application, form CP-LLA, to this submission.*

5. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? ☐ Yes ☐ No
6. Does or will the applicant ever offer:
- a. Bottle service or set-ups? ☐ Yes ☐ No
  - b. Drink specials/happy hours past 9:00 pm? ☐ Yes ☐ No
  - c. Beer pong or other drinking games? ☐ Yes ☐ No
  - d. More than two complimentary drinks per patron per day? ☐ Yes ☐ No
  - e. "All you can drink" specials or other offers involving unlimited alcoholic beverages? ☐ Yes ☐ No
7. What is the lowest price offered for a single serving of beer including happy hours and specials? \_\_\_\_\_
8. What is the lowest price offered for a single serving of wine/liquor including happy hours and specials? \_\_\_\_\_
9. Are patrons under the legal drinking age permitted on the premises? ☐ Yes ☐ No
10. Are patrons under the legal drinking age permitted on the premises past 11:00 pm? ☐ Yes ☐ No
11. Has the applicant had any reported liquor liability and/or assault or battery claims or notification of potential liquor liability and/or assault or battery claims at this location within the past five years? ☐ Yes ☐ No
- If yes, provide the following information on each claim:
- Date(s): \_\_\_\_\_
- Description(s): \_\_\_\_\_
- Total incurred losses (reserves and payments): \_\_\_\_\_
- Status: \_\_\_\_\_
- Measures in place to prevent future incidents: \_\_\_\_\_
12. Have there been any citations, violations, charges or enforcement actions at this location within the past five years? ☐ Yes ☐ No
- If yes, provide the following information on each citation, violation, charge or enforcement action:
- Date(s): \_\_\_\_\_
- Description(s): \_\_\_\_\_
- Measures in place to prevent future violations: \_\_\_\_\_
13. Does the applicant maintain general liability insurance at limits equal to or greater than applicant's liquor liability limits? ☐ Yes ☐ No
14. Within the past five years, has the applicant's liquor liability coverage been cancelled or non-renewed? ☐ Yes ☐ No
- If yes, explain: \_\_\_\_\_

### III. COMPLETE ALL APPLICABLE SECTIONS

#### A. RESTAURANTS OR BARS WITH BANQUET OPERATIONS:

*Note: If operation is strictly a banquet hall, attach a completed Catering Plus Liquor Liability Application, form CP- LLA, to this submission.*

15. a. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? ☐ Yes ☐ No
- b. If persons serving alcohol are not the applicant or its authorized employees or members, are they required to carry liquor liability insurance with limits equal to or greater than limits covered under applicant's liquor policy, and name applicant as an additional insured? ☐ Yes ☐ No

#### B. FINE DINING ESTABLISHMENTS:

16. a. Is the average entrée price greater than \$20.00? ☐ Yes ☐ No
- b. Is the average bottle of wine price greater than \$30.00? ☐ Yes ☐ No
- c. Is the number of bottles on the wine list greater than 10? ☐ Yes ☐ No

#### C. NON-PROFIT PRIVATE, FRATERNAL OR SOCIAL CLUBS:

17. a. Is the applicant a non-profit private, fraternal or social club? ☐ Yes ☐ No
- b. Are same day memberships available? ☐ Yes ☐ No
- c. Are members permitted to bring more than 3 guests per day (excluding banquet activities and immediate family members)? ☐ Yes ☐ No
- d. Is self-service of alcohol by members permitted? ☐ Yes ☐ No
- e. Are any single drinks sold for less than \$.50? ☐ Yes ☐ No
- f. Is BYOB (bring your own bottle) permitted for banquet operations only? ☐ Yes ☐ No
- g. *Minnesota risks only:* Does applicant's liquor license restrict service to club members and legitimate guests? ☐ Yes ☐ No

D. BRING YOUR OWN BOTTLE (BYOB) RESTAURANTS:

18. a. Does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons? ☐ Yes ☐ No  
b. Are patrons permitted to bring hard alcohol on the premises? ☐ Yes ☐ No

E. ON-PREMISES TASTING OF ALCOHOL:

19. a. Is eight ounces the maximum amount of complimentary samples permitted for any one patron per day? ☐ Yes ☐ No  
b. If someone other than the applicant's employees is serving the samples, are they required to carry their own liquor liability insurance at limits equal to or greater than the applicant's? ☐ Yes ☐ No

IV. ADDITIONAL APPLICANT INFORMATION

Form of business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address of primary contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

**Applicant's Warranty Statement:**

I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

**FRAUD STATEMENTS**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Colorado Fraud Statement:** 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 Fraud Statement:** 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.

**Florida Fraud Statement:** 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 of the third degree.

**FLORIDA NOTICE FOR NON ADMITTED POLICIES ONLY:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Kentucky Fraud Statement:** 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.

**Maine and Washington Fraud Statement:** 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.

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**North Dakota Fraud Statement:** Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

**Ohio Fraud Statement:** 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.

I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy.

**Oklahoma Fraud Statement:** 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.

**Oregon Fraud Statement: Notice to Oregon 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 may be guilty of insurance fraud.

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 and Virginia Fraud Statement:** 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.

**Utah Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

**Vermont Fraud Statement:** 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 may be subject to fines and confinement in prison..

**Utah Fraud Statement:** 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.

**Washington Fraud Statement:** Any person, who, knowing it to be such:

- (1) Presents, or causes to be presented, a false or fraudulent claim or any proof in support of such a claim, for the payment of a Loss under a contract of insurance; or
- (2) Prepares, makes, or subscribes any false or fraudulent account, certificate, affidavit, or proof of Loss, or other document or writing, with intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor, or if such claim is in excess of one thousand five hundred dollars, of a class C felony.

**Fraud Statement (All Other States):** 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.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Main agency phone number: \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

**New York Fraud Statement:** 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.

Applicant's signature: \_\_\_\_\_



Owner, Officer or Partner

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