

- NORTH POINTE INSURANCE COMPANY
- NORTH POINTE CASUALTY INSURANCE COMPANY

LIQUOR LIABILITY APPLICATION

(Businessowners Supplemental Application)

Applicant Name: _____ Policy #: _____ DATE _____

Property Location: _____

Complete this supplemental application only if requesting liquor liability coverage.

<p>1. Name on Liquor License: _____ Type of license: _____</p> <p>2. No. of years owner/manager has operated a licensed establishment selling alcoholic beverages? _____</p> <p>3. Within the past 5 years, has facility or employees been cited for violations of any law or ordinance related to the sales of alcohol or any illegal activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Within the past 5 years, has establishment had assault & battery claims? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Has owner/manager ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Has owner/manager ever had their liquor license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Within the past 5 years, has establishment had any liquor liability claims or incidents that might give rise to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Is there any procedure for handling intoxicated patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ Do you offer free rides home? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you offer to call a taxi? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Are all alcohol-serving employees certified in a Formal Alcohol Training Course? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of course (TIPS, TOPS, etc.): _____</p> <p>10. Are employees permitted to consume alcohol on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Are ID's checked on young people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>12. Security: <input type="checkbox"/> Doormen/ID Checkers <input type="checkbox"/> Bouncers <input type="checkbox"/> Private Security Firm <input type="checkbox"/> Off Duty Police Are they? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed Is this establishment named as an additional insured on the security firm's general liability policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Type of locality? <input type="checkbox"/> Industrial/Warehouse <input type="checkbox"/> Commercial <input type="checkbox"/> Downtown <input type="checkbox"/> Office/Business Center <input type="checkbox"/> College <input type="checkbox"/> Residential/Commercial <input type="checkbox"/> Highway Intersection <input type="checkbox"/> Rural <input type="checkbox"/> Tourist <input type="checkbox"/> Resort <input type="checkbox"/> Other _____</p> <p>14. Is business located within another business facility (i.e. – an airport, bowling center, skating rink, retail store, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____</p> <p>15. Is premises on any dock, pier, or beach? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Is facility frequented by a college crowd? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Is there a separate bar or lounge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Any special drink promotions (2 for 1, happy hour, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Are any flaming drinks served? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Any alcoholic beverages sold by drive-thru? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Any alcoholic beverages sold thru delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Is there a last call for drinks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Is establishment open after midnight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Are handrails provided on all stairs accessible to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Are all steps even, unobstructed, lighted and covered with a non-slip surface? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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ADDITIONAL INFORMATION

Remarks: _____

WARNING: 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.

APPLICANT – I DECLARE THE INFORMATION STATED IN THIS APPLICATION TO BE TRUE AND REQUEST THE COMPANY TO ISSUE THIS INSURANCE POLICY AND ANY RENEWALS THEREOF IN RELIANCE THEREON.

APPLICANT'S SIGNATURE

TITLE

DATE

AGENT'S SIGNATURE

DATE