

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

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 www.scottsdaleins.com

Liquor Liability Application

Complete a separate application for each location.

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-Mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
\$ _____	\$ _____

1. Classification of risk:

- | | | | |
|--------------------------------------------------|------------------------------------------------------|------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Arena/Stadium | <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Fairground | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Gentlemen's/Strip Club | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Social Club |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Distributor/Wholesaler | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Drive-through Daiquiri Shop | <input type="checkbox"/> Liquor Manufacturer/Brewery | <input type="checkbox"/> Sports Field |
| <input type="checkbox"/> Casino/Gaming | <input type="checkbox"/> Exercise Studio | <input type="checkbox"/> Liquor/Package Store | <input type="checkbox"/> Winery |
| <input type="checkbox"/> Catering Service | <input type="checkbox"/> Exhibit Hall | <input type="checkbox"/> Microbrewery | |
| <input type="checkbox"/> Other (Describe): _____ | | | |

2. Are patrons allowed to bring their own alcoholic beverages? Yes No
3. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your liquor license suspended/revoked? Yes No
If yes, when and why? _____

4. Name on liquor license: _____ Type of liquor license: _____
5. Estimated liquor receipts: \$ _____ Other receipts: \$ _____
6. Average price for: beer \$ _____ wine \$ _____ liquor \$ _____
7. Percent of receipts for on-premises consumption: %
8. Percent of receipts for off-premises consumption: %
9. Estimated food receipts: \$ _____
10. Percentage of liquor receipts to total receipts: %
11. How many years has the applicant been in business? _____
12. How many years has the applicant been at this location? _____
13. Premises within city limits? Yes No
14. Square foot area of establishment: _____ (Maximum Occupancy: _____)
15. How many days per week is the location open? _____
16. What time does the location close? _____ Hours of serving? _____
17. Number of servers: _____
18. Have all servers been through alcohol awareness server training (i.e. TIPS, TOPS)? Yes No
Type of course: _____
How often required? _____
Ride home policy? Yes No
19. How often does the manager review liquor liability laws with employees (including penalties for serving intoxicated customers)? _____
20. Are procedures in place regulating the sale of alcohol to minors and those under the influence? Yes No
If yes, describe: _____
How is age of customer verified? _____
21. Type of clientele: Area Residents Area Workers Tourists College Other: _____
22. Percent of clientele: Under 25 _____% 25-30 _____% Over 30 _____%
23. Type of area: Industrial or Commercial Residential Rural Other _____
Located on or near college campus? Yes No
24. Is there a cover charge? Yes No
If yes, what is the amount? \$ _____
25. Do you have "Happy Hour" or 2-for-1 drink specials? Yes No
Is last call announced? Yes No
Are customers allowed more than one drink at last call? Yes No

26. Security Activities:

Security provided by (check all applicable)

- Bouncers Doormen Off Duty Police
- Contracted Security Firms: inside outside armed unarmed

Any firearms kept or carried on the premises?..... Yes No

27. Are there procedures for handling violent or disruptive patrons?..... Yes No

If yes, please describe? _____

28. Types of entertainment activities:

- Darts DJ Exotic Dancing Juke Box
- Dance Floor Size: _____
- Electronic Games Type: _____
- Live Entertainment Type and how often? _____
- Mechanical Devices Type: _____
- Pool Table(s) Number: _____
- Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.): _____

Special Promotions..... Yes No

If yes, describe: _____

29. Gentlemen's/Strip Clubs:

Turnover rate for staff: _____

Are servers/dancers in training? Yes No

Does applicant prohibit serving of alcohol after hours to their staff? Yes No

Are clients allowed to purchase drinks for dancers/hostesses? Yes No

30. Manufacturer:

Are tours of facility provided? Yes No

Are free samples given? Yes No

If yes, how is quantity controlled? _____

31. Distributor:

Any sponsored events?..... Yes No

If yes, describe: _____

Policy for giving away alcoholic beverages by Sponsor? Yes No

If yes, describe: _____

32. Caterers:

Are clients/guests allowed to mix their own drinks? Yes No

Does caterer provide liquor or bartending service? Yes No

33. Additional Insured Information:

Name	Address	Interest

34. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant (Not applicable in Missouri)? Yes No
 If yes, explain: _____

35. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			

36. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

FRAUD WARNINGS:

FRAUD WARNING: 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. **Not applicable in Nebraska, Oregon and Vermont.**

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 Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 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 MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

FRAUD WARNING APPLICABLE IN THE STATE OF 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.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____