



Liquor Liability Application for Quote

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Liquor Liability

Broker Information

(If Not Applicable, Skip This Section)

Name of Agency / Brokerage: _____
Mailing Address of Agency / Brokerage: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contact Information

(Please Fill-in All Applicable Fields)

Organization/Association Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____
Individual Responsible For Insurance: _____

Underwriting Information

Dates of Coverage: _____ to _____ Days open a week: _____
Operating Hours - Mon-Thurs _____ Fri _____ Sat _____ Sun _____
Number of Hours a Full-Time Manager is on Duty: _____
Liquor License Number: _____ Class of License: _____
Name on Liquor License: _____ Type of Facility: _____
Annual Concession Sales: Food \$ _____ Liquor: \$ _____ Other: \$ _____
Type of Liquor Sold: Hard Liquor Beer Wine Wine Coolers
Median Age of Customers: 18-25 26-30 31-45 46 and over
Is any underlying coverage provided through the concessionaire or vendor? Yes No
If so, what are the limits? _____
Who is the Vendor? _____

Is there a contract in place with any concessionaire or vendor? Yes No

- Please attach copy of concessionaire and/or vendor contract if applicable -

Limit Requested: _____

Distance to the nearest college campus: _____

Does your operation target college students? Yes No

Does the Insured offer any of the following promotions?

Happy Hour: Yes No Multiple Drink Incentives (Two for one, etc): Yes No

Drink Specials: Yes No "All you can drink" Specials: Yes No

Ignited Beverages: Yes No

If "Yes" to any of the above, please describe: _____



Liquor Liability

Fire Safety

Do you have Automatic Sprinklers? Yes No
Distance to the nearest fire station: _____
Number of Stories: _____ Facility Maximum Capacity: _____
Have you ever been cited for exceeding capacity? Yes No

Licensing Questions

Have you incurred any liquor claims in the past 5 years? Yes No
If yes, why? _____
Has your coverage ever been non-renewed? Yes No
If yes, why? _____

Serving Questions

Liquor is served at: One fixed location Multiple locations
The Servers are: Professionals Volunteers
Average Number of servers per event: _____
Are the servers trained in alcohol awareness? Yes No
How often are the servers trained per year? _____
Type of Training: _____
Is a limit placed on the number of beverages that can be sold to a patron? Yes No
Are I.D.'s checked for patrons purchasing alcohol? Yes No
Please briefly explain procedure for checking ID's: _____

Entertainment

Is any entertainment provided (other than normal operations)? Yes No
Please list what types of entertainment and how many times a year: _____

Security

Are uniformed officers present at the alcohol concession area(s)? Yes No
If yes, how many officers? _____
Are undercover police officers present at the alcohol concession area(s)? Yes No
If yes, how many? _____
Are security personnel at checkpoints? Yes No
Are personal items searched? Yes No
Briefly explain how the public made aware of this procedure: _____

Is the parking area patrolled for intoxicated drivers? Yes No
Is there a designated driver program? Yes No
Are bouncers employed? Yes No If yes, how many? _____



Liquor Liability

Acknowledgment

Gagliardi Insurance Services, Inc. on behalf of the insuring company, shall be permitted but not obligated to inspect the INSURED's property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL INSPECTION nor the making there of any report there of shall constitute an undertaking on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful or are in compliance with any engineering standards, rules or regulations. The establishment of underwriting criteria, UNDERWRITING AND/OR LOSS CONTROL INSPECTIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The insured is solely responsible for the safety of its property and operations and shall not rely upon Underwriting and/or Loss Control Inspections or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practice and procedures.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, benefits may be denied).

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant Signature

Brokers Signature (If applicable)

Applicant's Name (Print)

Brokers Name (Print)

Date (MM/DD/YY)

Date (MM/DD/YY)



How to Reach Us

California Office

950 S. Bascom Ave.
Suite 3010
San Jose, CA 95128

Submission Options:

Send to California Office listed above

or

Scan and email to:
sales@gsportsinsurance.com

or

Fax to: 408-414-8199

Website: gsportsinsurance.com

Phone: +1 (800)-995-9768

Email: sales@gsportsinsurance.com