



Liquor Liability Application

Page 1 of 7

*Must complete a separate application for each location.

Insurance Designers of Maryland
 950 Ridgebrook Rd, Suite 1500
 Sparks, MD 21152
 Phone: 410-472-6000 Fax: 410-472-6020
 www.IDMD.net

Applicant Information

Corporate Name:			Trading Name:		
Mailing Address 1:			Phone:	Fax:	
Mailing Address 2:			Web Site:		
City:	State:	Zip:	Inception Year:	Tax ID:	
1. Applicant is: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other					
2. Description: <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Sports Pub <input type="checkbox"/> Lounge <input type="checkbox"/> Restaurant <input type="checkbox"/> Nightclub <input type="checkbox"/> Live Music Venue <input type="checkbox"/> Adult Entertainment Club					
3. Has the applicant or any active partner filed for bankruptcy?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the applicant or any owner or principal ever been convicted of a felony?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Location Address (If different from address above)

Address 1:		City:	State:	Zip:
Address 2:		Phone:	Fax:	

Owner Information

Name:		Email:		
Phone:	Ext:	Cell Phone:	Fax:	
Years of experience owning or managing similar type of operation. (i.e. nightclub, live music venue, lounge, etc.)				

General Manager Information

Name:		Email:		
Phone:	Ext:	Cell Phone:	Fax:	
Years of experience owning or managing similar type of operation. (i.e. nightclub, live music venue, lounge, etc.)				

Bookkeeper Information

Name:		Email:		
Phone:	Ext:	Cell Phone:	Fax:	

Broker Information (Leave blank if you are not using a broker)

Broker Name:		Broker Contact:		
Address 1:		Phone:	Ext:	
Address 2:		Fax:		
City:	State:	Zip:	Email:	

Coverage Information

Proposed Effective Date:	Proposed Expiration Date:
--------------------------	---------------------------

Liquor Coverage – Limits requested:

Prior Coverage Information

1. Within the past 5 years has the applicant's liquor liability coverage been cancelled or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:



Liquor Liability Application

Page 2 of 7

*Must complete a separate application for each location.

Insurance Designers of Maryland
 950 Ridgebrook Rd, Suite 1500
 Sparks, MD 21152
 Phone: 410-472-6000 Fax: 410-472-6020
 www.IDMD.net

Prior Coverage Information (3 Years History)

Coverage	Year	Prior Carrier	Prior Premiums
Liability			
Liquor			
Excess			
Property			

Please be advised, in order for application to be processed the applicant must provide three (3) years hard copy, currently-valued, company-issued loss runs.

Prior Loss History (3 Years History)

Has the applicant had any losses, Claims, or Lawsuits in past 3 years? Yes No
 If yes, please provide detailed loss explanation for each:

Nightclub Information

General Section:

1. Hours of Operation - Weekday:	2. Hours of Operation - Weekend:
3. Does the applicant ever engage in 24 hour operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Will the applicant ever be open to patrons after 4 am? <input type="checkbox"/> Yes <input type="checkbox"/> No- If yes, please provide a complete explanation.	



Liquor Liability Application

Page 3 of 7

*Must complete a separate application for each location.

Insurance Designers of Maryland
 950 Ridgebrook Rd, Suite 1500
 Sparks, MD 21152
 Phone: 410-472-6000 Fax: 410-472-6020
 www.IDMD.net

5. Cover Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Estimated # of patrons admitted weekly:		
7. Maximum Occupancy:			8. Valet Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Parking Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No			10. How Many Spaces?		
Nightclub Information – Continued					
11. Is parking lot used for special events? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Details of parking lot special events:					
13. Gross Receipts:		14. Alcohol %:		15. Gross Payroll:	
16. Total Officers Salaries:		17. # Fulltime Employees:		18. # Part time Employees:	
19. Has the insured ever been cited by the Board of Health? <input type="checkbox"/> Yes <input type="checkbox"/> No					
20. Does the applicant have written corporate policy regarding overservice of alcohol to patrons and alcohol service to minors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a copy for our review.					
21. Does the applicant use leased Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, Please explain:					
22. Does the applicant engage in off-premises catering events? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide percentage of total receipts from off premises catering. %					
23. Does the applicant engage in facility or room rentals for private events? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a standard written rental agreement used? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please provide a copy for our review.					
Entertainment Section:					
24. Is there entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please select all that apply and provide its frequency: <input type="checkbox"/> DJ, _____ <input type="checkbox"/> Comedy Acts, _____ <input type="checkbox"/> karaoke, _____ <input type="checkbox"/> Adult/Exotic Dancing, _____ <input type="checkbox"/> National touring acts/bands, _____ <input type="checkbox"/> Local acts/bands, _____ <input type="checkbox"/> boxing/ultimate fighting/tough men events, _____ <input type="checkbox"/> Other- Describe: _____					
* IF NATIONAL TOURING ACTS/BANDS SELECTED, MUST SUBMIT A COMPLETED LIVE MUSIC SUPPLEMENTAL.					
25. Does the applicant have hired dancers? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, are they <input type="checkbox"/> Employees, <input type="checkbox"/> Contractors, or <input type="checkbox"/> Both					
26. Is there dancing? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, a) What type of dance floor (Select all that apply): <input type="checkbox"/> Stages <input type="checkbox"/> Raised Floor <input type="checkbox"/> Sectioned Area <input type="checkbox"/> General Area b) Does the applicant allow anyone to dance or stand on any raised equipment, including but not limited to speakers, etc., or furniture, including but not limited to chairs, tables, the bar, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
27. Does the applicant have or plan to have in the future any of the following entertainment devices on premises: <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, please select type and provide the count: <input type="checkbox"/> Video Games # _____, <input type="checkbox"/> TV's # _____, <input type="checkbox"/> Pool Tables # _____, <input type="checkbox"/> Dart Boards # _____, <input type="checkbox"/> Other: _____.					
28. Does the applicant have or plan to have in the future any of the following interactive amusement devices on premises: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, Select all that apply: <input type="checkbox"/> Mechanical bull or surfboard, <input type="checkbox"/> Inflatables, <input type="checkbox"/> Trampolines, <input type="checkbox"/> Foam machines, <input type="checkbox"/> Climbing walls, <input type="checkbox"/> Dunk tanks, <input type="checkbox"/> Other – Describe: _____					
29. Does the applicant ever allow pyrotechnics on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please provide full details regarding any and all pyrotechnics to occur on the premises during the policy period.					



Liquor Liability Application

Page 4 of 7

*Must complete a separate application for each location.

Insurance Designers of Maryland
950 Ridgebrook Rd, Suite 1500
Sparks, MD 21152
Phone: 410-472-6000 Fax: 410-472-6020
www.IDMD.net

30. Does the applicant ever have or plan to have any type of stunt activity on premises? (Stunt activity includes, but is not limited to any type of acrobatics, carnival acts such as flame or sword swallows, etc.) Yes No - If yes, please provide a detailed description of any & all stunt activity to occur during the policy period.

Nightclub Information – Continued

Liquor Section:

31. Does applicant have a valid liquor license? Yes No - If yes,
Name on license: _____ License#: _____

32. Are all alcohol servers certified in a Formal Alcohol Awareness Training Course? Yes No - If yes, please provide the name (TIPS, TAM, SMART, etc.)

33. Does the applicant allow persons other than employees trained in their Formal Alcohol Awareness training program to serve alcohol to patrons? (i.e. Guest Bartenders, etc) Yes No - If yes, please explain:

34. Does the applicant ever permit or sponsor alcohol consuming games (Beer pong, Flip cup, etc.) or permit the use of alcohol consumption enticing equipment (Beer bongos, Funnels, etc.)? Yes No

35. Does applicant permit "BYOB" on premises? Yes No

36. Does the applicant have package alcohol sales for off-premises consumption? Yes No

37. Does or will applicant engage in any type of alcohol promotions during the policy period? Yes No - If yes,
a) Please provide full details regarding any type of alcohol promotions, including but not limited, any current or future plans for happy hours, nightly price reductions, ladies nights, reduced covers, etc.

b) Do the applicant's alcohol promotions ever include or do they plan to include in the future any of the following (Select all that apply):
 Open Bars/All You can drink specials (other than during facility or private rentals)
 Reduced drink prices for more than 3 hours
 Any drink prices reduced to \$1.00 or less.

38. Does or will applicant engage in any type of underage promotions during the policy period, including but not limited to "Teen, "Under 21", or "18 and over" nights? Yes No - If yes,

a) Please provide full details regarding any type of underage promotions, including but not limited to, any current or future plans for underage promotions.



Liquor Liability Application

Page 5 of 7

*Must complete a separate application for each location.

Insurance Designers of Maryland
950 Ridgebrook Rd, Suite 1500
Sparks, MD 21152
Phone: 410-472-6000 Fax: 410-472-6020
www.IDMD.net

b) Will applicant utilize Tyvex wristbands to distinguish between those of legal drinking age and those under the legal drinking age? Yes No

39. Does the applicant ever permit employees or other persons serving alcohol to consume alcohol during their hours of employment or service? Yes No

Nightclub Information – Continued

40. Has the applicant been fined or cited for violations of law or ordinances related to illegal activities or the sale of alcohol? Yes No - If yes, please provide the following information for each citation:

a) Date: _____ Any fines: _____ Penalties assessed: _____

Detailed Description:

Preventive measures taken in order to mitigate these violations in the future:

b) Date: _____ Any fines: _____ Penalties assessed: _____

Detailed Description:

Preventive measures taken in order to mitigate these violations in the future:

c) Date: _____ Any fines: _____ Penalties assessed: _____

Detailed Description:

Preventive measures taken in order to mitigate these violations in the future:

Security Section:

41. Are firearms kept or permitted on premises? Yes No

42. Does the applicant have hired security/bouncers/door people? Yes No - If yes,

a) Please provide a detailed security plan.



Liquor Liability Application

Page 6 of 7

*Must complete a separate application for each location.

Insurance Designers of Maryland
 950 Ridgebrook Rd, Suite 1500
 Sparks, MD 21152
 Phone: 410-472-6000 Fax: 410-472-6020
 www.IDMD.net

b) Are security personnel: Employees Contractors or Both
 If applicant uses Employees:
 Are background checks completed on all security employees? Yes No
 Do all security bouncers sign waivers? Yes No
 If yes, please send us a copy of waivers.
 If applicant uses contractors:
 Has the applicant completed their due diligence in the retention and selection of an outside security company?
 Yes No
 Does the applicant have a written agreement with these contractors? Yes No
 If yes, please submit a copy for our review.

43. Does the applicant engage police officers for work in or about the premises? Yes No
 If yes, how are they engaged and invoiced (Select from the following):
 With Municipality, Secondary Employment Company, or Individually.

44. What is the maximum number of security on any given night? _____ average:

Nightclub Information – Continued

44. Does the applicant have any entities that are required by written agreement to add as additional insured (Must provide a copy of all such agreements): Yes No _ Please list

a) Name: _____ Relationship: _____
 Address: _____
 City/State/zip: _____

b) Name: _____ Relationship: _____
 Address: _____
 City/State/zip: _____

c) Name: _____ Relationship: _____
 Address: _____
 City/State/zip: _____

d) Name: _____ Relationship: _____
 Address: _____
 City/State/zip: _____

FRAUD STATEMENT: Any person who knowingly and with the 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.

WARRANT: THE UNDERSIGNED REPRESENTS AND WARRANTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTH ON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ANY DAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HERewith, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER



Liquor Liability Application

Page 7 of 7

*Must complete a separate application for each location.

Insurance Designers of Maryland

950 Ridgebrook Rd, Suite 1500
Sparks, MD 21152
Phone: 410-472-6000 Fax: 410-472-6020
www.IDMD.net

IMMEDIATELY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Signature of applicant*

_____ (Must be Owner, Officer, or Partner)

Title:

_____ (Required)

Date:

_____ (Required)

* SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.