

# Pay-As-You-Go Liquor Liability Application

Applicant's Name and DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Website Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

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

Description of Operation:

Bar/Tavern

Restaurant

Nightclub - Provide Operation Type: \_\_\_\_\_

Retail/Liquor Store

Event Center- Provide Operation Type: \_\_\_\_\_

On-premises alcohol sales: \$ \_\_\_\_\_ On-premises food sales: \$ \_\_\_\_\_

Retail alcohol sales for off-site consumption \$ \_\_\_\_\_

Any off-site alcohol sales: \$ \_\_\_\_\_

1. Has the applicant or any principal with a controlling interest filed for bankruptcy in the last 12 months? Yes  No
2. Does the applicant maintain general liability limits equal to or greater than the applicant's proposed liquor liability limits? Yes  No
3. Within the past five years, has the applicant's liquor liability coverage been cancelled or non-renewed?  Yes  No If yes, why? \_\_\_\_\_
4. Are any persons permitted to consume alcohol during their hours of employment?  
 Yes  No

5. Does the applicant require all alcohol servers received certification in a formal Alcohol training Course not required by the state? Yes  No
6. Has the applicant had any reported liquor liability and/or assault or battery (AB) claims or notification of potential liquor liability and/or AB claims within the last 5 years?  Yes  No
7. Is the applicant aware of any fines or violations for sale or service of alcohol in the last 5 years?  Yes  No
8. Does the applicant have a valid liquor license?  Yes  No
9. Does the applicant ever use a bouncer, security or doorman?  Yes  No
10. What is the latest hour the applicant will stay open? \_\_\_\_\_
11. What time does the sale or service of alcohol stop? \_\_\_\_\_
12. Does the applicant sell beer for less than \$1.00 and/or wine/liquor less than \$1.50?  Yes  No
13. Does the applicant have surveillance cameras?  Yes  No
14. Are BYOB, bottle service, or drinking games permitted?  Yes  No
15. List the number of years in business under the same owner: \_\_\_\_\_

**Applicant's Statement:**

I have read the above application and I declare that to the best of my knowledge and belief, all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

Applicant's Name and Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send all submissions and/or inquiries to [liquor@usrisk.com](mailto:liquor@usrisk.com).*