

FULMONT MUTUAL INSURANCE COMPANY
PO BOX 487
JOHNSTOWN NY 12095-0487
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RESTAURANT, BAR, PACKAGE STORE AND FOOD STORES LIQUOR LIABILITY SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant: _____
 Business Location: _____
 Web Site Address: _____
 Phone Number: _____

Hours of Operation:
 Monday - Thursday: _____ to _____
 Friday: _____ to _____
 Saturday: _____ to _____
 Sunday: _____ to _____
 Is this business operated on a seasonal basis? ☐ Y ☐ N
 If Yes, when is the business open? _____

Number of Years in Business: _____ At this location? _____
 Management Experience in this business: _____

Type of Operations (Mark all that apply):

<input type="checkbox"/> Family Restaurant	<input type="checkbox"/> Social Club	<input type="checkbox"/> Night Club	<input type="checkbox"/> VFW Club	<input type="checkbox"/> Comedy Club
<input type="checkbox"/> Diner	<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Dance Hall	<input type="checkbox"/> Discotheque	<input type="checkbox"/> Bed & Breakfast
<input type="checkbox"/> Package Store	<input type="checkbox"/> Catering-Food	<input type="checkbox"/> Catering-Liquor	<input type="checkbox"/> Ballroom	<input type="checkbox"/> Private Club
<input type="checkbox"/> Fast Food	<input type="checkbox"/> Dinner Theatre	<input type="checkbox"/> Sushi Bar	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Tavern
<input type="checkbox"/> Franchised Restaurant	<input type="checkbox"/> Strip Club	<input type="checkbox"/> Delivery Services	<input type="checkbox"/> Casino	<input type="checkbox"/> Other

Financial Details - Please submit a current Income Statement and Balance Sheet

\$ _____	FOOD SALES	ARE YOU A MEMBER OF:
\$ _____	BEVERAGE SALES, BEER & WINE	NATL ASSOC OF BAR & TAVERN OWNERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
\$ _____	BEVERAGE SALES, LIQUOR	AMERICAN BARTENDERS ASSOCIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
\$ _____	LIQUOR SALES - PACKAGE STORE	NATL LICENSED BEVERAGE ASSOCIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
\$ _____	CATERING SALES - FOOD ONLY	
\$ _____	CATERING SALES - BEVERAGE ONLY	
\$ _____	BANQUET REVENUE	
\$ _____	OTHER	
\$ _____	TOTAL RECEIPTS	

Liquor Liability ☐ **Check here if NO Liquor Liability** ☐

Percentage of Clientele in each age category:

21 to 25 Years old: _____
 26 to 30 years old: _____
 31 to 40 years old: _____
 over 40 years old: _____

100%

TYPE OF CLIENTELE: ☐ Area Residents ☐ Area Workers
☐ Tourists ☐ College ☐ Other _____

Drink Specials - Activities:

Happy Hours - time? ☐ YES ☐ NO From _____ to _____

2-for-1 ☐ YES ☐ NO

Ladies Night ☐ YES ☐ NO

More than 2 free drinks per person per day ☐ YES ☐ NO

Beer less than \$1.00 ☐ YES ☐ NO

Wine or Liquor less than \$1.50 ☐ YES ☐ NO

Shot Specials - Shooter Girls ☐ YES ☐ NO

All you can drink specials ☐ YES ☐ NO

Funnel Drinking ☐ YES ☐ NO

Other: ☐ YES ☐ NO

Describe all "Yes" responses: _____

General Liability Carrier: _____

GL Limit: Premium: \$ _____

Liquor Liability Carrier: _____

MAXIMUM OCCUPANCY: _____

When was your liquor license obtained? _____

Has your liquor license ever been suspended? ☐ YES ☐ NO

Has your liquor license ever been revoked? ☐ YES ☐ NO

Have you ever had any liquor citations or law violations? ☐ YES ☐ NO

Any liquor or dram liability claims in the past 5 years? ☐ YES ☐ NO

Is anyone under the age of 21 allowed admittance? ☐ YES ☐ NO

Is the age of all customers checked before serving? ☐ YES ☐ NO

Located on or near college campus? ☐ YES ☐ NO

May patrons bring in their own alcoholic beverages? ☐ YES ☐ NO

Is management notified prior to shutting off patrons? ☐ YES ☐ NO

Any "Designated Driver" program supported? ☐ YES ☐ NO

Is cab service provided? ☐ YES ☐ NO

Employees:

Number of Bartenders _____

Number of Waitresses _____

Are all employees (TIPS) trained? ☐ YES ☐ NO

Do all servers receive Alcohol Awareness Training? ☐ YES ☐ NO

Any written policy for serving alcohol to customers? ☐ YES ☐ NO

Are employees allowed to consume alcohol during their hours of employment? ☐ YES ☐ NO

Describe all yes responses: _____

Any employee bouncers or security guards? ☐ YES ☐ NO

Any third-party bouncers or security guards? ☐ YES ☐ NO

Any off-duty uniformed policemen? ☐ YES ☐ NO

Any ID checkers? ☐ YES ☐ NO

Any weapons on premises? ☐ YES ☐ NO

Have surveillance cameras been installed? ☐ YES ☐ NO

How often does management review liquor liability laws with Employees? _____

Entertainment <input type="checkbox"/>	Check here if NO entertainment <input type="checkbox"/>
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Any Dart Boards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any pool or billiard tables?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any electronic gambling machines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any live gambling tables?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any Juke Boxes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any arcade style games?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any athletic events?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any dance floors?	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe: _____

Special events (Mark all that apply):
 DESCRIBE ANY SPECIAL EVENTS HELD: _____

 Any other special activities? ☐ YES ☐ NO

Live Entertainment <input type="checkbox"/>	Check here if NO live entertainment <input type="checkbox"/>
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MARK ALL THAT APPLY	DAILY	WEEKLY	MONTHLY	EVENTS	MUSICAL STYLES MARK ALL THAT APPLY
<input type="checkbox"/> SOLO ACTS					<input type="checkbox"/> ROCK AND ROLL
<input type="checkbox"/> COMEDIANS					<input type="checkbox"/> COUNTRY
<input type="checkbox"/> KARAOKE					<input type="checkbox"/> JAZZ
<input type="checkbox"/> DJ – WITH DANCING					<input type="checkbox"/> EASY LISTENING
<input type="checkbox"/> DJ-WITHOUT DANCING					<input type="checkbox"/> HIP HOP/RAP
<input type="checkbox"/> ADULT ENTERTAINMENT					<input type="checkbox"/> CLASSICAL
<input type="checkbox"/> OTHER					<input type="checkbox"/> OTHER

Are there any promoters? ☐ YES ☐ NO Describe: _____
 Any use of Pyrotechnics? ☐ YES ☐ NO Describe: _____

Representation and Warranty Statement

I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which the insurance carrier is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by the insurance carrier.

FRAUD STATEMENT

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 (\$5,000.) and the stated value of the claim for each such violation.

Applicant Signature: _____
 Title: _____

Agent Signature: _____
 Date: _____