

Liquor Liability Supplemental Questionnaire

IMPORTANT NOTICE: This questionnaire is an integral part of the application. Please ask for clarification if you do not understand a question. If a policy is issued, the answers in the questionnaire are considered warranties by you, in consideration for United Fire Group providing general liability insurance and workers compensation. Each answer is material to the decision of United Fire Group whether to provide the insurance. Your failure to provide a complete and accurate answer to any question may result in rescission of the entire policy, which means the **policy could be void from inception** and you may not be covered.

Named Insured _____
Social Security # _____ FEIN _____
Web Address _____

1. Do any of the following apply:
- Liquor license ever been suspended or revoked? Yes No
 - Any entertainment? Yes No
 - Any dance floor? Yes No
 - Is a bouncer employed? Yes No
 - Any drink specials or happy hours? Yes No
 - Is there a separate bar area in restaurant? Yes No
 - Located outside the city limits? Yes No

5. Please list all citations or violations of state liquor laws:

6. Name and address of licensing authority:

2. Hours of operations: _____ to _____
Owner or manager on premises from _____ to _____
3. Previous carrier (liquor liability) _____

7. Total number of employees:
Number of part-time: _____
Number of full-time: _____

8. Describe employee training relating to detecting under-age patrons and recognizing and handling intoxicated patrons:

4. Please list all liquor liability claims in last three years:

9. Are all servers trained and certified per state liquor license requirements Yes No

10. Are all servers TABC (Texas Alcoholic Beverage Commission) trained and certified: Yes No

This question applies to Texas ONLY.



UNITED FIRE GROUP

HOME OFFICE: 118 Second Avenue SE PO Box 73909 Cedar Rapids, Iowa 52407-3909 www.unitedfiregroup.com

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

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. The information in this application is correct to the best of my knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I understand that United Fire Group may rescind coverage if I have not provided accurate and complete information in this questionnaire. I grant United Fire Group authorization to order a credit report on me and/or my business.

Owner or Officer's Name		Agent's Name	
Title	Agent's Signature		Date
Owner or Officer's Signature	Date	Expiring UFG policy number, if applicable	



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