



Liquor Liability Supplemental Questionnaire

APPLICANT INFORMATION

Named Insured _____

Social Security # _____ FEIN _____

Web Address _____

UNDERWRITER INFORMATION

1. Limit of Liability \$ _____
Annual Gross Sales \$ _____
Annual Liquor Sales \$ _____
2. 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
Please explain all yes responses: _____
3. Hours of operations: _____ to _____
Owner or manager on premises from _____ to _____
4. Previous carrier (liquor liability) _____

5. Please list all liquor liability claims in last three years: _____
6. Please list all citations or violations of state liquor laws: _____
7. Name and address of licensing authority: _____
8. Total number of employees:
Number of part-time: _____
Number of full-time: _____
9. Describe employee training relating to detecting under-age patrons and recognizing and handling intoxicated patrons: _____
10. Are all servers trained and certified per state liquor license requirements? ☐ Yes ☐ No
11. Are all servers TABC (Texas Alcoholic Beverage Commission) trained and certified: ☐ Yes ☐ No
This question applies to Texas ONLY.



HOME OFFICE | 118 Second Avenue SE | PO BOX 73909 | Cedar Rapids, Iowa 52407-3909 | www.ufgins.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 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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