



## CENTURY SURETY GROUP

20d. Does this establishment have an alcohol awareness training program for the prevention of alcohol abuse?

Yes  No

If yes, complete the following:

1. Are all servers trained within sixty (60) days of employment?

Yes No

2. Do you provide written policies and procedures to employees regarding minimum service to minors and intoxicated persons?

3. Name of awareness program: \_\_\_\_\_

4. Do you provide free rides home to intoxicated patrons?

If yes, explain: \_\_\_\_\_

21. Prior Insurance/Loss History:

Show liquor liability insurer(s) for past three (3) years:

Year	Insurance Company	Limits	Policy Number

Have you had any liquor liability claims (insured or uninsured) in the past three (3) years?

Yes  No

If yes, list them below:

Year	Description of Loss	Amount Paid or Reserved

22. Show insurer, policy term and limits for general liability coverage (limits must equal or be greater than the liquor liability limits) \_\_\_\_\_

23. Was your last liability coverage on a claims made coverage form?  Yes  No Is this application for claims made form?  Yes  No If yes, is Prior Acts Coverage desired?  Yes  No If yes, attach a copy of current declarations page showing retroactive date.

24. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application?  Yes  No If yes, explain in detail including name of injured party and date of incident: \_\_\_\_\_

Requested limits (in thousands)  100/100  100/300  300/300  500/500  Other \_\_\_\_\_

Requested \*Deductible  \$500  \$1,000  \$2,500  \$5,000

\*Deductible applies per claim including defense expense for claims.

Requested policy term: \_\_\_\_\_ to \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone # \_\_\_\_\_

**The Claims Made Liquor Liability form only provides coverage for "injury" which occurs after the retroactive date (and which you had no knowledge of prior to the effective date of this policy) shown in the policy (see #23 of this application) and reported (in writing) to the insurance company during the coverage period of this policy and I fully understand this limitation.**

I declare that the above statements and particulars are true and that no fact have been suppressed or misstated and that this application form is recognized to be the basis of any policy of insurance which may be issued by the Company. The completion of this application does not bind the company to sell, and the misstatements of facts may void your coverage.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_