



## BEVERAGE/LIQUOR STORE SUPPLEMENTAL APPLICATION

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years with same management: \_\_\_\_\_

If someone, other than the applicant, will be managing the business, what prior experience have they had in this type of operation? \_\_\_\_\_

\*Currently valued loss runs required.

### SERVICES

(Please check all that may apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Liquor –Wine and Beer                 | <input type="checkbox"/> Beverages – Other than Alcohols  |
| <input type="checkbox"/> Lottery Machines                      | <input type="checkbox"/> Lottery Sales – over the counter |
| <input type="checkbox"/> Check Cashing/Money Transfer (if any) | <input type="checkbox"/> Food Sales                       |

Business Days: \_\_\_\_\_ Business Hours: \_\_\_\_\_ to \_\_\_\_\_

### REVENUE

Retail Sales: \$ \_\_\_\_\_ Liquor Sales: \$ \_\_\_\_\_

Other Sales: \$ \_\_\_\_\_ Please describe: \_\_\_\_\_

### GENERAL INFORMATION

Does the applicant sell goods under own label?  Y  N

Does the applicant provide any delivery service?  Y  N

If Yes, any usage of employee/owner's vehicles?  Y  N

Does the applicant have wine cellars?  Y  N

Does the applicant offer any ancillary services such as party planning or catering with over 10% of total sales?  Y  N

Does the applicant sell food that has been prepared on the premise?  Y  N

Has the applicant been cited for any food service/health board violations?  Y  N

If Yes, please describe: \_\_\_\_\_

Does the applicant offer any wine tasting, special promotion or any similar events?  Y  N

If Yes, please describe: \_\_\_\_\_

# of annual events: \_\_\_\_\_



EMPLOYEE TRAINING AND MANAGEMENT

# of Employees: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

- Do employees check identification (Driver's license, valid passport, or county issued identification) on all customers?
Are employee references checked prior to hiring?
Does the applicant train employee to document each incident?

SECURITY

- Does the risk have and maintain a central station burglar alarm and/or surveillance cameras (CCTV)?
Are there any security personnel?
If Yes, are any of the security guards armed?
Are the guards: Employees Contractors
If the guards are contractors, does the applicant have a Certificate Of Insurance (COI) from the security firm naming the applicant as an additional insured?
Are there any firearms on premise?

LIQUOR LIABILITY

- Are there any sales of alcoholic beverage for consumption on premise (such as small bar)?
Does the applicant possess and maintain a valid state liquor license?
Does the applicant sell alcoholic beverages to intoxicated customers?
Does the applicant clearly post signs stating that customer must be 21 or older and require identification to purchase alcoholic beverages?
Has the applicant's liquor license ever been revoked, suspended or fined?
Has the applicant had any reported Liquor Liability and/or Assault and Battery claims or notification of potential liquor liability claims within past 5 years?

If Yes, please describe:

- Has the applicant had any reported Liquor Liability cancelled and/or non-renewed within the past 5 years?

If Yes, please describe:

PROTECTIVE SAEGUARD

Not Applicable

- Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers)



**KOOKMIN BEST INSURANCE CO., LTD. (US BRANCH)**

**505 N BRAND BLVD, STE 1025**

**GLENDALE, CA 91203**

**MAIN: 818.254.1040**

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protected certified Complaint UL-300 and/or NFPA 96 Fire Suppression System(s)?

- Is there a semi-annual service/ maintenance contract in place for the protective system?  Y  N
- Is the exhaust system cleaning schedule standard?  Y  N
- Does system have automatic fuel shut off?  Y  N
- Hood and ducts cover all cooking equipment?  Y  N
- Hood and filters cleaned weekly by staff?  Y  N
- K rated fire extinguishers available in the kitchen?  Y  N

**ADDITIONAL COMMENTS**

Are there any other unusual exposure/hazards not asked that Leading Insurance Services (LIS) should be aware of prior to releasing a quote for this risk? Please state any matters LIS should be aware of regarding this risk in the space below:

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FRAUD STATEMENT

Please read the statement applicable to your state. Then sign, date and return with your application.

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

HAWAII: For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

ILLINOIS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: 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 and the stated value of the claim for each such violation.

PENNSYLVANIA: 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 the person to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant's Signature: \_\_\_\_\_ Date: [Click here to enter a date.](#)

Name of Authorized Agent or Broker: \_\_\_\_\_