



LIQUOR LIABILITY SUPPLEMENT

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

DIRECTIONS: 1. Fill in the application by filling in the blue fields on all pages.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

Section 1: Insured Information

Corporate Name:		Business Name:	
Mailing Address:			
City:	State:	Zip:	
Location Address:			
City:	State:	Zip:	
Email Address:		Phone Number:	
Cell Number:		Estimated Annual Gross Sales:	

Section 2: Liquor

1. Is the liquor license in Applicant's name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, what is the name on the license and their relationship to the Applicant:	
Liquor License Number:	Class of License:
2. Is the liquor service sub-contracted to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the limits of liability maintained by the sub-contractor: \$	
Is the applicant listed as additional insured under sub-contractors liquor liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is contingent liquor liability coverage requested by insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has the applicant's liquor license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:	
4. Have the applicant incurred claims for liquor liability during the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes explain:	



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Section 2: Liquor (continued)

5. Has any insurer canceled or non-renewed coverage during the last three (3) years? ☐ Yes ☐ No

If yes, explain:

6. Has the applicant ever been fined by Alcoholic Beverage Control or other government regulator?

☐ Yes ☐ No

If yes, explain:

7. Type of beverages sold:

8. Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No

9. Does the applicant exercise the right to search and seizure contraband items? ☐ Yes ☐ No

If yes, how does the applicant notify the public of this:

Does the Applicant maintain security personnel at entry check points? ☐ Yes ☐ No

If yes, what type:

11. Are the alcohol sales and consumption contained within one fixed site, or are booths/stands located throughout the event site:

12. Number of servers used:

Are they professional servers? ☐ Yes ☐ No Explain:

Are they volunteer servers? ☐ Yes ☐ No Explain:

Do the servers receive any type of alcohol awareness training? ☐ Yes ☐ No If yes, describe:

Median age of liquor customers: ☐ 21-25 ☐ 25-30 ☐ 30-40 ☐ 40 and over

Are minors allowed to enter the location where alcohol is being served? ☐ Yes ☐ No

If yes, how is underage consumption of alcohol prevented:

Explain how ID's are checked:



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Section 2: Liquor (continued)

17. Are uniformed police officers present at the site of alcohol sales? ☐ Yes ☐ No

Are undercover police officers present? ☐ Yes ☐ No

Are private security officers present? ☐ Yes ☐ No

Average number of officers present at site:

18. Are rules and regulations clearly displayed for patrons viewing? ☐ Yes ☐ No

Explain:

19. Is there a limit placed on the quantity of alcoholic beverages purchased at one time?

☐ Yes ☐ No

Explain:

20. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?

☐ Yes ☐ No

Explain:

21. Is there any type of designated driver program? ☐ Yes ☐ No

Explain:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: