

NON-STANDARD LIQUOR LEGAL LIABILITY APPLICATION



Named Insured and Mailing Address:

(Number, Street, Town or City, County, State, Zip Code)

Phone Number: () _____

E-Mail to: applications@securitymutual.com

Mail to: PO Box 4620, Ithaca, New York 14852-4620

Policy Period _____ to _____

Fax to: 607.257.5002

518-783-6968 or 800-962-3155

www.securitymutual.com

Established 1887

The described premises covered by this policy is located at the above address unless otherwise stated:

Location Address (Number, Street, Town or City, State, Zip Code)

____ Owner ____ General Lessee ____ Tenant ____ Individual ____ Partnership ____ Corporation ____ Other: _____

Name on license _____ **Number:** _____ **Issue Date:** _____

Limit of Liability: \$ 100,000 _____ **Trade Name:** _____ **Fed. Tax ID Number:** _____

Area: _____ sq. ft. **Located** _____ Inside _____ Outside _____ Corporate limits of the city, town, or village

Estimated Total Annual Sales: \$ _____ **Estimated Annual Alcoholic Sales:** \$ _____

Have any claims been reported or paid during the past (5) years? _____ Yes _____ No

If Yes, describe: _____

Do you have any knowledge of an occurrence that may result in a claim even if it has not been reported to the insurer? _____ Yes _____ No

If Yes, describe: _____

Previous Carrier: _____ **Previous policy premium:** \$ _____

Has any coverage been decline, cancelled, or non-renewed by any carrier in the past 5 years? _____ Yes _____ No

If Yes, explain: _____

List all violations of State, County, Municipal, or Liquor Regulations, and any suspensions of your liquor license (include dates and describe)

How long in business: _____ **How long in business at this location:** _____

Name and address of person who has books and records: _____

Are you the owner/operator? _____ Yes _____ No **Are you active in the business?** Explain _____

Have the police been called to the premises for any reason during the past (5) years? _____ Yes _____ No If yes, explain _____

Have all bartenders, barmaids, waiters or anyone authorized to serve or dispense alcoholic beverages been instructed to refuse to serve an individual who appears intoxicated? _____ Yes _____ No What is the established policy in this regards? _____

Have all bartenders, barmaids, waiters or anyone authorized to serve or dispense alcoholic beverages completed a server training program on how to handle, recognize, and refuse drinks to intoxicated people? _____ Yes _____ No Explain: _____

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 hereto, 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.

THE INFORMATION REQUESTED ON THIS APPLICATION IS MATERIAL TO SECURITY MUTUAL INSURANCE COMPANY IN ITS DECISION WHETHER TO ISSUE A POLICY OF INSURANCE. READ OVER THE APPLICATION CAREFULLY BEFORE SIGNING IT. By signing this application you confirm (1) that all information supplied, to the best of your knowledge, is true and (2) you have received a copy of Security Mutual's Privacy Notice.

<p>NAME & ADDRESS OF AGENT:</p> <p>_____ _____ _____ _____</p>	<p>INSURED'S</p> <p>SIGNATURE: x _____</p> <p>AGENT'S</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p>
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Established 1887

SECURITY MUTUAL INSURANCE COMPANY Privacy Protection Policy

At Security Mutual, providing for your security is our highest concern. We have been protecting policyowners since 1887, and that includes protecting the privacy and confidentiality of our customers' personal information. Therefore, we are pleased to publish Security Mutual's Privacy Notice, which describes how Security Mutual, its subsidiary, Security Mutual Brokers Services, and association, New York Mutual Underwriters, handle the information we receive about you.

Information Collection

- ◆ We collect and use information about you in order to provide you with insurance and other services.
- ◆ We obtain most of the information from you, primarily from the application you complete when you apply for our products or services.
- ◆ **Transaction Information:** This is information about your transactions with us, our affiliates, or others. It includes your insurance coverage selections and premiums, payment and claims history, and information necessary for billing and payment. It may also include additional information used to adjust, investigate, and settle insurance claims, such as witness statements and police reports. Transaction information may be disclosed as described below.
- ◆ **Consumer Report Information:** This is information we receive from a consumer reporting agency, and is used to confirm or supplement application information. It includes motor vehicle reports and/or claims history reports. We will disclose consumer report information only as necessary to quote or service your insurance policy and as permitted or required by law. To underwrite your insurance and provide an accurate insurance quote, consumer report information may be shared with our affiliated insurance underwriting association. By obtaining a quote or applying for insurance with us, you consent to our sharing of this information with our affiliated insurance underwriting company.

Information Protection

- ◆ To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with state regulations. We have also appointed a corporate privacy officer to monitor compliance with the Company's privacy policy.
- ◆ All employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate reason for doing so, such as responding to a customer request.

Information Disclosure

- ◆ We will not sell your personal information.
- ◆ We will not disclose your personal information except as necessary for conducting business or where permitted by law. For example, we may disclose your personal information to your agent, our employees or our service providers so they can service your business or respond to your questions or requests. We require the recipients of such information to protect the information and use it only for the purpose provided.

Future Notification

Each year, we will provide you with a summary of our privacy policy.

For More Information

If you have any questions about Security Mutual's privacy policy, please contact us or write to our privacy officer at Security Mutual Insurance Company, Post Office Box 4620, Ithaca, New York 14852-4620.