

Liquor Liability Application

Please answer ALL questions in full.

Incomplete and/or missing answers will cause delays in processing or may cause coverage to be declined.

Policy Period: _____ to _____

1. Applicant Information: _____ Individual _____ Corporation _____ Partnership _____ Other: _____

a. Name: _____

Mailing Address: _____

Location Address: _____

b. Has the Applicant, any partner, or any officer of the Applicant been the subject of any voluntary or involuntary bankruptcy proceedings within the past 5 years? _____ YES _____ NO

If yes, explain: _____

c. Number of years in business: _____

d. Web Site Address: _____

2. Name on Liquor License: _____

Note the name on the Liquor License must be the same as the Named Insured.

3. Limits Desired: \$ _____ Occurrence \$ _____ Aggregate

4. Type of establishment: _____ Convenient/Kwik Shop Store _____ Package/Grocery Store _____ Casino
_____ Restaurant _____ Bar/Tavern _____ Wholesaler/Distributor _____ Club (Type): _____
_____ Catering _____ Manufacturer/Brewery _____ Banquet/Hall Facilities _____ Other: _____

If Banquet/Hall Facilities, Catering or Club is selected, you must also complete their addendum.

5. a. Entertainment: _____ YES _____ NO If yes, how many times a week: _____

If Yes, describe: _____ Disco _____ Topless/Go Go _____ Live Band _____ Karaoke

_____ DJ _____ Rock & Roll _____ Juke Box _____ # of Electronic Games

_____ # of Mechanical Devises _____ # of Pool Tables Other: _____

b. Happy Hour? _____ YES _____ NO If Yes, describe: _____

How many days per week? _____ Happy Hour time: _____ A.M./P.M. to _____ A.M./P.M.

Any 2 for 1 drinks or drinks under \$1.50 during happy hour or regular business hours? _____ Yes _____ No

c. Size of dance floor (square foot): _____

d. Cover Charge: _____ YES _____ NO

6. Are any tournaments held on premises – check as applicable: _____ Pool Tables _____ Shuffle Board _____ Dart Boards

How Often? _____ Other: _____

7. Does the insured sponsor any activities? If Yes, describe: _____

8. Area surrounding premises: _____ Downtown District _____ Residential _____ Shopping Center _____ Rural
_____ Commercial _____ Industrial _____ Seasonal/Resort _____ College Campus _____ Other: _____

9. Is parking area well lighted? _____ YES _____ NO

10. Any outdoor serving areas? If Yes, describe: _____

11. Type of Clientele: _____ Area Residents _____ Tourists _____ College Students _____ Other: _____
Age: _____ % Under 25 _____ % 25 to 30 _____ % Over 30

12. Management:

a. Any security? _____ YES _____ NO If Yes, how many? _____
_____ Bouncer _____ Doorman _____ Off Duty Police _____ Other : _____

b. Is a gun kept on premises? _____ YES _____ NO
If Yes, is it loaded? _____ YES _____ NO Where's the gun kept? _____

c. Number of bartenders on duty? _____ Female _____ Male

d. Have all servers completed a certified training course? _____ YES _____ NO
If yes, which course ie...TABC, TIPS, RAMP? Describe: _____

e. Procedures in place for those under the influence? _____ YES _____ NO
If so, Describe: _____

f. Who is checking I.D.'s? _____

g. When are I.D.'s checked? _____

13. General Information:

a. How many days a week is location open? _____

b. Opening and closing Hours: _____ A.M./P.M. to _____ A.M./P.M.

c. Seating Capacity: _____ Dining Room _____ Bar Area

d. Does establishment allow alcohol to be brought in (BYOB)? _____ YES _____ NO

14. Insurance History:

a. Previous liquor liability insurer (full name of insurance company): _____

b. Did the previous carrier write a claim's made policy? _____ YES _____ NO

c. Describe any losses claimed or sustained within the past 5 years whether insured or not (include loss amount):

15. Has liquor liability insurance coverage been denied, cancelled or non-renewed during the last 3 years?
_____ YES _____ NO If Yes, Explain: _____

16. Has the insured been fined within the last 3 years? _____ YES _____ NO
If Yes, give dates and describe violations: _____

17. Annual Gross Receipts:	Present – Estimated	Prior Year: _____	Prior Year: _____
On-premises Alcohol Receipts	\$ _____	\$ _____	\$ _____
Off-premises Alcohol Receipts	\$ _____	\$ _____	\$ _____
Food Receipts	\$ _____	\$ _____	\$ _____
Total Alcohol & Food Receipts	\$ _____	\$ _____	\$ _____

18. Who to contact for an Audit and /or Inspection? Name: _____ Phone #: _____

19. Name of current General Liability carrier? _____
General Liability policy period: _____ to _____ General Liability policy limits: \$ _____
Is the Assault & Battery excluded on the General Liability policy? _____ YES _____ NO

Any person who knowingly and with intent to defraud any insurance company or other 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.

Applicants Signature

Date

Agency

Title

Date

Signature/Broker

Address

City, State & zip