

Liquor Liability Application

Please answer ALL questions in full.

Incomplete and/or missing answers cause processing or may cause coverage to be declined

Policy Effective Date _____ 20 _____ Policy Expiration Date _____ 20 _____.
1. Applicant Information <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ a. Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Location of Insured Premises: _____ b. Has Applicant, any partner, or any officer of Applicant been the subject of any voluntary or involuntary bankruptcy proceedings within the last 5 years? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain in "13, Remarks". c. Number of years in current business: _____
2. Number of Premises to be insured: _____ (Attach application for each additional location)
3. Name on liquor license: _____ Limits of liability: _____
4. Type of establishment, i.e. tavern, restaurant: _____ Banquet Facilities: <input type="checkbox"/> Yes <input type="checkbox"/> No Catering: <input type="checkbox"/> Yes <input type="checkbox"/> No Club: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes to any of the above, see attached addendums.</i>
5. a. Entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____ b. Happy Hour? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____ 1. Price of drinks \$ _____ 2. Happy Hour time frame: _____ am/pm to _____ am/pm
6. Area surrounding premises – check as applicable: <input type="checkbox"/> Downtown District <input type="checkbox"/> Residential <input type="checkbox"/> Shopping Center <input type="checkbox"/> Commercial <input type="checkbox"/> Rural <input type="checkbox"/> Industrial <input type="checkbox"/> Seasonal/Resort
7. Is parking area will lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Clientele – check as applicable: <input type="checkbox"/> Local Residents <input type="checkbox"/> Families <input type="checkbox"/> Retirement Community <input type="checkbox"/> Transient <input type="checkbox"/> Students Age - check as applicable: <input type="checkbox"/> 24 & Under <input type="checkbox"/> 25 to 30 <input type="checkbox"/> Over 30
9. Management: a. Bouncer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? _____ b. Is a gun kept on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it loaded? <input type="checkbox"/> Yes <input type="checkbox"/> No Where is it kept? _____
10. General Information: a. Are premises inside or outside an incorporated municipality? <input type="checkbox"/> Inside <input type="checkbox"/> Outside b. Opening and Closing Hours: _____ am/pm to _____ am/pm c. Seating Capacity: Dining Room: _____ Bar Area: _____ d. # of Bartenders: _____ Male _____ Female e. Have all servers completed an alcohol awareness course? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of course: _____ If No, are all servers now enrolled in next available course? <input type="checkbox"/> Yes <input type="checkbox"/> No f. Does establishment allow liquor to be brought in (BYOB)? <input type="checkbox"/> Yes <input type="checkbox"/> No

11. Insurance History:

- a. Previous liquor liability insurer (full name of insurance company): _____
- b. Did the previous carrier write a claims made policy? Yes No If Yes, see addendum.
- c. Describe any liquor losses claimed or sustained within the past 5 years, whether insured or not (include less amount) _____

12. Annual Gross Receipts:

	Present – Estimated	Prior Year	Prior Year
Liquor Sales	\$ _____	\$ _____	\$ _____
Food Sales	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

13. Remarks: _____

14. Name of current General Liability Carrier: _____

G.L. policy period: From _____ 20_____ to _____ 20_____

G.L. policy limits: \$ _____

Is Assault & Battery excluded on G.L. policy? Yes No

15. Has liquor liability insurance coverage been denied, cancelled or non-renewed during last 3 years? Yes No

If Yes, explain: _____

Has the insured been fined within the last 3 years? Yes No If Yes, describe violations: _____

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

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character general reputation, personal characteristics, and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Signed at: _____

Applicant Signature

Agency

Title

Date

Date

Signature / Broker

Address, City, State, Zip