

LIQUOR LIABILITY APPLICATION
(Complete one for each location)



I. INFORMATION SECTION

- 1. Named Insured: _____
- 2. Name as it appears on the license: _____
- 3. Location address: _____
- 4. Website: _____
- 5. Liquor license requires premises to close by:
 12:00 Midnight 2:00 A.M. 4:00 A.M. 5:00 A.M. Other: _____
- 6. Daily hours of operation:
Monday-Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____
- 7. Type of License/Risk: Restaurant Tavern Night Club Private Club
 Special Event Package Store Banquet Hall Host Liability Other: _____
- 8. Proposed Policy Period: From: _____ to _____
- 9. Applicant is: Individual Partnership Corporation LLC Other: _____
- 10. Number of years present owner at this location? _____

II. ENTERTAINMENT

- 11. Is entertainment provided? Yes No
- 12. If yes, type: Adult Entertainment / Topless / Strippers Band Disc Jockey Juke Box Karaoke
 Live Entertainment (Please describe): _____
 Other (Please describe): _____
- 13. Any use of pyrotechnics? Yes No
- 14. How many days per week? _____
- 15. Is there a dance floor? Yes No
If yes, how large? _____ Sq. Ft.
- 16. Is there a cover charge? Yes No
If yes, how much? \$_____ per person
- 17. Are there any amusement devices? Yes No
If yes, type: Video games – how many? _____ Pool tables – how many? _____
 Other – please describe: _____

III. UNDERWRITING INFORMATION

- 18. Are security personnel employed (bouncers, armed guards, unarmed guards, etc.)? Yes No
If yes, how many? _____
- 19. Are there doormen or ID checkers at the door at any time? Yes No
- 20. Is there a gun on the premises? Yes No
- 21. Alcohol Awareness Training Completed:
 Bartenders Bouncers Doormen Servers of Alcohol at Tables Managers
Name of Program Completed: _____
- 22. Are you a concessionaire of liquor at public or private events away from the premises? Yes No
If yes, how many patrons? _____
- 23. If you do Special events, is attendance in excess of 25,000 per day? Yes No
- 24. Do you permit BYOB (Bring your own booze)? Yes No
- 25. Do you have drink specials after 8pm? (all you can drink, special drink pricing 2 for 1, etc.) Yes No
- 26. Guest Capacity: Number of Persons Bar area _____ Dining area _____
- 27. Patron Base % by Age: 21-24 _____% 25-30 _____% 31-45 _____% 45+ _____%

28. Is your location on or near a college campus? Yes No
 If yes, please identify the school and describe the college crowd: _____

29. Inspection Contact
 Name: _____ Phone: _____

30. Receipts (12-Month Period):

Food:		Beer, Wine & Liquor Consumption on Premises:		Package Liquor:	
Last Year	Anticipated	Last Year	Anticipated	Last Year	Anticipated
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

31. Limits of Liability:
 100,000 CSL 200,000 CSL 300,00 CSL 500,00 CSL 1,000,000 CSL
 1,000,000 Occurrence / 2,000,000 Aggregate

IV. CLAIMS HISTORY

32. Prior / Current Liquor Liability Carrier Information:

FROM (MM/YY)	TO (MM/YY)	COMPANY	LIMITS	PREMIUM
				\$
FROM (MM/YY)	TO (MM/YY)	COMPANY	LIMITS	PREMIUM
				\$

33. Has the applicant or establishment had any claims or suits presented or know of any incidents that could lead to a claim? Yes No
 If yes, give full details or circumstances, including payouts and reserves on each claim.

34. Has the applicant's liquor license ever been revoked or suspended? Yes No
 If yes, please give details.

35. Has liquor liability coverage ever been cancelled or declined? Yes No
 If yes, give date, details, etc.

V. SIGNATURE SECTION

_____	_____	_____
Dated	Signature of Applicant	Title

The undersigned hereby warrants and certifies that:

- All information contained herein is correct ;
- This form was completed and then signed by the Insured/Applicant;
- A completed copy hereof has been given to the Insured/Applicant; and
- The undersigned is retaining a duplicate signed copy hereof.

_____	_____
Dated	Signature of producing Agent