



## LIQUOR LIABILITY APPLICATION

*This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.*

### I. GENERAL INFORMATION

1	Applicant Name:		Years In Business:		
	Entity Name		Years Experience:		
	Mailing Address		Telephone No.:		
	City:	County:			
	State:	ZIP:			
	Website:				
	Classification:				
Fine Dining		Family Restaurant	Fast Food	Bar/Tavern	NightClub
Convenience Store		Package Store	Other		

### LOCATIONS TO BE INSURED:

Location	Street, City, State, Zip	Total Area	% Occupied	Other Occupants

### II. DETAILS OF OPERATION

#### Days of Operation per Week:

Hours of Operation:	Weekend:	Midweek:				
Seating Capacity:	Dining Area:	Lounge/Bar:				
Staff:	Waitpersons:	Bartenders:	Kitchen:			
Average Meal Price:	Lunch:	Dinner:				
Average Age of Clientele:	Under 21	21-25	26-30	31-40	41-50	Over 50

### III. CURRENT CARRIER INFORMATION

Policy Term:      Effective Date:      Expiration Date:

	Liquor Liability	General Liability
Carrier		
TIV/Limit		
Deductible		
Premium		

#### IV. LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 5 years.

Check here if none

See attached Loss Summary

Date of Occurrence	Line	Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open/Closed

#### V. ANNUAL SALES/RECEIPTS

	Food	Liquor	Catering	Entertainment	Total
Location #1					
Location #2					
Location #3					

Does the Applicant have a valid liquor license?

Yes

No

If YES, Name & license number      Name

License #

Name/Number of contact person for inspection/audit:      Name

Phone #

If there are Catering receipts, what percentage is associated with cash or open bars:

Has the applicant or majority partner filed for bankruptcy in the past 5 years?

Yes

No

Applicant is:      Individual      Corporation      Partnership      Other

Are employees permitted to consume alcohol during work hours?

Yes

No

Are employees under the age of 21 permitted to serve or sell alcohol?

Yes

No

If there are Entertainment receipts, what percentage is associated with:

Video Games:

Pool/Game Tables:

Cover Charge:

Special Events:

Please Describe:

Is there a dance floor on the premises?

Yes

No

If YES, square footage:

Does your Liquor Liability carrier provide Assault & Battery coverage?

Yes

No

Have there ever been any Assault & Battery incidents reported in the past five years?

Yes

No

Is there a playground or similar recreational activities at the insured premises?

Yes

No

If YES, please describe:

Any Sports teams sponsored?

Yes

No

If YES, please describe:

Please describe the applicants procedures for preventing serving alcohol to minors:

Please describe the procedures in place to address intoxicated patrons:

Is there more than one means of egress from the premises?	Yes	No
Are the means of egress clearly marked and kept unlocked during business hours?	Yes	No

#### VI. ACKNOWLEDGEMENTS, AUTHORIZATION and SIGNATURE

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature:	Date:
Printed Name:	Title/Position (Officer, Partner, etc):

\*Signing this application does not bind the applicant or the company to complete the insurance.