



LIQUOR LIABILITY APPLICATION

APPLICANT INFORMATION

BUSINESS NAME:	YRS IN BUSINESS AS:
PROPRIETOR NAME (S):	YRS EXPERIENCE:
MAILING ADDRESS:	WEBSITE:
CLASSIFICATION: 1.FINE DINING 2.FAMILY RESTAURANT 3.FAST FOOD 4.BAR/TAVERN 5.NIGHTCLUB 6. CONVENIENCE STORE 7. PACKAGE STORE 8. OTHER _____	POLICY TERM: EFF. _____ EXP. _____

LOCATIONS TO BE INSURED

LOC.	STREET, CITY, STATE, ZIP CODE	TOTAL AREA	% OCCUPIED	OTHER OCCUPANTS

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 YRS	OVER 50	

CURRENT CARRIER INFORMATION

	LIQUOR LIABILITY	GENERAL LIABILITY		
CARRIER				
TIV / LIMIT				
DEDUCTIBLE				
PREMIUM				

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS						
<input type="checkbox"/> CHECK HERE IF NONE <input type="checkbox"/> SEE ATTACHED LOSS SUMMARY						
DATE OF OCCURRENCE	LINE	DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED



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ANNUAL SALES/RECEIPTS:

	FOOD	LIQUOR	CATERING	ENTERTAINMENT	TOTAL
LOC #1					
LOC #2					
LOC #3					

Does the Applicant have a valid liquor license? Yes No

If YES,
Name on license: _____ License # _____

Name of contact person for inspection/audit: _____ 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 (describe) _____

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: _____

If any Special Events, please describe:

Is there a dance floor on the premises? Yes No

If yes please provide 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

If yes please describe:

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



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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 of Applicant*: _____ Title: _____

Agency: _____ Date: _____

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