



LIQUOR LIABILITY APPLICATION

1. Named Insured as is to appear on policy: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

2. Name Liquor License is in: _____

3. Liquor License Number: _____ Class of License: _____

4. Is coverage for a specific event? Yes No

If yes, explain what kind of event, where event will be held and date of event(s) _____

5. Opening and closing hours of event(s) (for each event) _____

6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). _____

7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No

If yes, please explain: _____

8. Has applicant incurred claims for liquor liability during the last three years? Yes No

If yes, please explain: _____

9. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No

If yes, please explain: _____

10. Type of alcohol beverages sold: _____ What proof: _____

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No

If yes, what type? _____

13. Do you maintain security personnel at event entry check points? Yes No

If yes, what type? _____

Do they exercise the right of search and seizure of contraband items? Yes No

If yes, how do they notify the public of this? _____

14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No

15. If site is completely enclosed, are minors allowed to enter? Yes No

16. Are the servers professional (two years bartending experience or more)? Yes No

Are the servers non-professional (less than 2 years or no bartending experience)? Yes No

Explain: _____

17. Name the formal awareness training program that the servers receive: _____

18. At what point of sale are I.D.'s checked? _____

19. Are rules and regulations clearly displayed for patrons' viewing? Yes No

Explain: _____

20. In what size container is the alcoholic beverage served at each event? Cup _____ oz. Pitcher Other: _____

21. Can patrons purchase more than two alcoholic beverages at one time? Yes No

If yes, please explain: _____

22. Is there any type of designated driver program in effect? Yes No

Explain: _____

23. Is there any other Liquor Liability coverage being provided? Yes No

If yes, explain and attach a copy of the certificate of insurance: _____

24. Liability limits requested \$ _____ (per occurrence) \$ _____ (aggregate)

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)