

LIQUOR LIABILITY APPLICATION

LICENSEE NAME: _____
 DBA: _____
 MAILING ADDRESS: _____
 LOCATION ADDRESS: _____
 PROPOSED POLICY TERM: FROM: _____ TO: _____

UNDERWRITING INFORMATION

DESCRIPTION OF OPERATIONS: BAR/TAVERN NIGHT CLUB PRIVATE CLUB RESTAURANT TAKE OUT STORE

OTHER (SPECIFY): _____

OPERATING HOURS:

	FROM	TO		FROM	TO		FROM	TO
Monday			Thursday			Saturday		
Tuesday			Friday			Sunday		
Wednesday								

RECEIPTS: FOOD: _____ ALCOHOL: _____

OTHER (SPECIFY): _____

ENTERTAINMENT:

	DAYS PER WEEK		DAYS PER WEEK		DAYS PER WEEK
DJ	_____	TOPLESS	_____	JUKE BOX	_____
BAND	_____	DANCING	_____	POOL TABLES	# _____
KENO	_____	KARAOKE	_____	DART BOARDS	# _____

NUMBER OF ALCOHOL SERVERS: _____ NUMBER WHO ARE TIPS/TAMS CERTIFIED: _____

DOES THE APPLICANT EMPLOY BOUNCERS? YES NO IF YES, HOW MANY? _____

LIMITS OF LIABILITY:

50/50 50/100 100/100 100/300 300/300 300/600 500/500 500/1MIL 1MIL/1MIL

INDIVIDUAL RISK HISTORY

HAS THE ESTABLISHMENT BEEN CITED FOR VIOLATION OF ANY LIQUOR LAW? YES NO

IF YES, GIVE DATE AND DETAILS: _____

HAS LIQUOR LIABILITY COVERAGE EVER BEEN CANCELED OR DECLINED? YES NO

IF YES, GIVE DATE AND DETAILS: _____

INDIVIDUAL RISK HISTORY....CONTINUED

PRIOR LIQUOR LIABILITY CARRIER INFORMATION (PLEASE GIVE A DETAILED HISTORY, INCLUDING COVERAGE PREMIUMS):

POLICY TERM		INSURANCE CARRIER	LIMITS	PREMIUM
From	To			\$
From	To			\$
From	To			\$

LIQUOR LIABILITY CLAIMS HISTORY (PLEASE LIST ALL CLAIMS/OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS):

DATE OF OCCURRENCE	DESCRIPTION OF LOSS	STATUS	PAID	RESERVED

PRIOR CARRIER INFORMATION (PLEASE GIVE A DETAILED HISTORY, INCLUDING COVERAGE PREMIUMS):

POLICY TERM		INSURANCE CARRIER	PROPERTY PREMIUM	LIABILITY PREMIUM
From	To		\$	\$
From	To		\$	\$
From	To		\$	\$

AGENT INFORMATION

HAS THE AGENT PERSONALLY INSPECTED THE APPLICANT'S PREMISES? YES NO DATE: _____

CONDITION OF RISK? _____ EXCELLENT _____ GOOD _____ FAIR _____ POOR

PLEASE ADVISE ANY OTHER INFORMATION THAT IS PERTINENT TO THIS RISK: _____

AGENCY NAME: _____

AGENCY ADDRESS: _____

AGENCY TELEPHONE NO.: _____

AGENT'S E-MAIL: _____ FAX: _____

LEGAL DISCLAIMER: I certify that the answers to all the questions contained herein are true and will be used to procure insurance. I also understand that any misrepresentations made within could result in cancelation of my insurance.

AGENT SIGNATURE: _____ APPLICANT SIGNATURE: _____

DATE: _____

DATE: _____