

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:

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 OR 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 OR NO
 IF YES, GIVE DATE & DETAILS _____
 HAS LIQUOR LIABILITY COVERAGE EVER BEEN CANCELED OR DECLINED? YES OR NO
 IF YES, GIVE DATE & DETAILS _____

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:			\$

INDIVIDUAL RISK HISTORY (CONTINUED)

LIQUOR LIABILITY CLAIMS HISTORY (PLEASE LIST ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR FIVE 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 OR NO

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

ANY OTHER INFORMATION THAT IS PERTINENT TO THIS RISK? _____

AGENCY NAME: _____
 AGENCY ADDRESS: _____
 AGENCY PHONE NUMBER: _____ FAX: _____
 AGENT'S EMAIL: _____

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 cancellation of my insurance.

AGENT SIGNATURE: _____ APPLICANT SIGNATURE: _____

DATE: _____ DATE: _____