

Liquor Liability Application

Named Insured: _____ DBA: _____

Mailing Address: _____

Location Address: _____

Website Address: _____ Email Address: _____

Phone Number: _____

Insured Type: Individual Partnership Corporation Other

Proposed Policy Term: From To Seasonal? Yes Or No

Underwriting Information

Is This a New Venture? Yes or No

Is the Risk Open for Business? Yes or No

Operating Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Description of Operations: Bar/Tavern Restaurant Private Club Night Club
 Convenience/Liquor Store Other (Specify) _____

Portion of the Building Occupied by the Applicant? _____%Entire _____%Grade Floor _____%Other

How Long Has the Insured Been in Business at This Location? _____

What Are the Adjacent Exposures? _____

Total Area _____ Area of Restaurant _____ Area of Banquet Rooms _____

of Apts _____ Total Sales _____ Total Food Sales _____

Total Liquor Sales _____ Other Sales _____

Athletic Events Sponsored? Yes or No If Yes, Please Describe: _____

Liquor Liability Section

Licensee Name: _____

Entertainment: Days per Week	Days per Week	Days Per Week
<input type="checkbox"/> DJ _____	<input type="checkbox"/> Topless _____	<input type="checkbox"/> Juke Box _____
<input type="checkbox"/> Band _____	<input type="checkbox"/> Dancing _____	<input type="checkbox"/> Pool Tables # _____
<input type="checkbox"/> Keno _____	<input type="checkbox"/> Karaoke _____	<input type="checkbox"/> Dart Boards # _____

Number of Alcohol Servers Employed _____ Number Who Are TIPS/TAMS Certified _____

Does the Applicant Hire or Utilize 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 a Violation of Any Liquor Laws in the Past Five (5) Years?

Yes No If Yes, Give Date & Details _____

Has Liquor Liability Coverage Ever Been Cancelled, Declined, Non-Renewed or Had a Lapse in Coverage?

Yes No If Yes, Give Date and Details _____

Does Your Current Liquor Policy Exclude Assault or Battery?

Yes No If No, What is the Current Assault or Battery Limit? _____

Does Your Current General Liability Policy Exclude Assault or Battery?

Yes No If No, What is the Current Assault or Battery Limit? _____

Prior Liquor Liability Carrier Information (Please Give Detailed History, Including Coverage Premiums)

Policy Term	Insurance Carrier	Property Premium	Liability Premium
From: To:		\$	\$
From: To:		\$	\$
From: To:		\$	\$

Liquor Liability Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Three Years)

Date of Occurrence	Description of Loss	Status	Paid	Reserved

General Liability Carrier Information (Please Give a Detailed History, Including Coverage Premiums)

Policy Term	Insurance Carrier	Limits	Premium
From: To:			\$
From: To:			\$
From: To:			\$

General 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