

# LIQUOR LIABILITY APPLICATION

1. Named Insured as it 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 Has applicants' alcohol beverage license ever been revoked, suspended or fined?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

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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)