

Liquor Liability Insurance Application

Please make certain that all questions are answered in full. Incomplete or missing answers cause delay in processing and may cause coverage to be declined.

1. Application Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Applicant is: Individual Corporation Partnership Joint Venture
 Other (specify)

2. Number of premises to be insured: _____ Applications for each additional location must be attached.

Name of establishment: _____

Property location: _____

City: _____ State: _____ Zip Code _____

3. a. Length of time applicant has had license: _____

Name on license: _____

b. Type of liquor license: (check as applicable below)

On sale beer/Wine in public premises On sale general in public premises
 On sale beer/Wine in eating place On sale general in eating place
 On sale/Off sale Other: _____

4. a. Type of establishment: (check as applicable below)

Manufacturer Pizza parlor Country club
 Bar only Fast food Restaurant
 Distributor Gold course Package store
 Supermarket Dinner house Private club
 Drugstore Coffee shop Other: _____

b. If other than a bar only, is there a separate bar area? Yes No

5. Entertainment: (check as applicable below)

Dancing 2 to 3 nights Disco/Disc jockey Pool table Piano bar
 Dancing 4 to 7 nights Pinball machine Dart board Juke box
 Combo Band Card table Singer

6. Targeted customers: _____

7. Management

a. Describe owner/manager's hours and responsibilities: _____

b. Is there a bouncer? Yes No

c. Have all servers completed a professional training course? Yes No

If "Yes"

(1) Name of course completed: _____

Date completed: _____

(2) Attach copies of certificates for course completion to application.

d. Is there a written procedure in place for employees on how to address underage customers or customers who appear intoxicated?

Yes No

e. Will all new employees who have not been certified be required to complete the training course? Yes No

(example of course would be: Training for Intervention Procedures by Servers of Alcohol – T.I.P.S.)

8. **General Information** (fill in below)

a. Business hours: Opening: _____ Closing: _____

b. Seating capacity: Dining room: _____ Bar area: _____

c. Number of bartenders: _____

d. Do you have a rental hall? Yes No

9. Annual gross sales for past three years experience:

a. Beer, wine and liquor: _____

b. Food: _____

c. Other: _____

d. Total: _____

10. **Insurance History**

a. Previous liquor liability insurer: (full name of company)

POLICY NUMBER	EXPIRATION DATE	POLICY NUMBER	EXPIRATION DATE	POLICY NUMBER	EXPIRATION DATE

b. Any losses, claims, or incidents within the past five year? (whether insured or not) Yes No

If "Yes", include dates and loss amounts:

DATE	LOSS AMOUNT	DATE	LOSS AMOUNT	DATE	LOSS AMOUNT

11. Has liquor liability coverage been denied, cancelled or nonrenewed during last three years? Yes No

If "Yes," explain: _____

12. Limits of liability applied for: Each common cause: _____ Aggregate: _____

Signed at: _____ Date: _____

Authorized signature for applicant: _____

Witness: _____

Producer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone number: _____