



LIQUOR LIABILITY APPLICATION

- 1. Named Insured as it is to appear on policy: _____
- 2. Name of Alcoholic Beverage Licensee: _____
- 3. Alcoholic Beverage License Number: _____ Class of License: _____
- 4. Is coverage for a specific event? Yes No
- 5. Opening and closing hours of event(s) (for each event): _____

NOTE: Alcohol sales must cease a minimum of 1/2 hour before event closing

- 6. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
If yes, please explain: _____
- 7. Has applicant incurred claims for liquor liability during the last three years? Yes No
If yes, please explain: _____
- 8. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No
If yes, please explain: _____
- 9. Type of alcoholic beverages sold: _____

10. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

- 11. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
- 12. Do you maintain security personnel at event entry check points? Yes No
Do they exercise the right of search and seizure of contraband items? Yes No
- 13. Are the alcohol sales and consumption contained by fencing within one fixed site? Yes No
- 14. Name the formal awareness training program that the servers receive (e.g. TIPs, TAMs, TABC): _____
- 15. At what point of sale are I.D.'s checked? _____
- 16. Are rules and regulations clearly displayed for patrons' viewing? Yes No
- 17. Is there any type of designated driver program in effect? Yes No
- 18. Is there any other Liquor Liability coverage being provided? Yes No
If yes, explain and attach a copy of the certificate of insurance: _____

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

Date