



# APPLICATION for: LIQUOR LIABILITY

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 Has applicants' alcohol beverage license ever been revoked, suspended or fined?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



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 survey 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 Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Date (MM/DD/YYYY)