



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 Has applicants' alcohol beverage license ever been revoked, suspended or fined?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