

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

### 1. Applicant Information

(a) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

(c) Has Applicant, any partner, or any officer of Applicant been the subject of any voluntary or involuntary bankruptcy proceedings within the past 5 years? ( ) Yes ( ) No  
If yes, explain in Remarks, Question No. 14.

(d) Number of years in the business of serving liquor: \_\_\_\_\_

### 2. Number of premises to be insured \_\_\_\_\_ Applications attached for each additional location. NAME AND ADDRESS OF ESTABLISHMENT

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Claims Made [ ] Occurrence [ ] Limits of Liability applied for \_\_\_\_\_  
RETRO DATE: \_\_\_\_\_ EFFECTIVE DATE OF COVERAGE: \_\_\_\_\_

### 3. Type of Liquor License (Check as applicable)

On Sale Beer/Wine -- Public Premises ( )  
On Sale Beer/Wine -- Eating Place ( )

### 3a. Length of time Applicant has had license \_\_\_\_\_

On Sale General -- Public Premises ( )  
On Sale General -- Eating Place ( )

### 4. Type of Establishment (Check as applicable)

Bar Only ( ) Pizza Parlor ( ) Tavern ( ) Country Club ( )  
Fast Food ( ) Coffee Shop ( ) Restaurant ( ) Other \_\_\_\_\_ ( )

If other than bar only, is there a separate bar area? Yes ( ) No ( )

If yes -- seating capacity and average waiting time to eat \_\_\_\_\_

### 5. Entertainment (Check as applicable)

Juke Box ( )	Dancing 2 - 3 nights ( )	Dancing 4 - 7 nights ( )	Hard Rock ( )
Pool Table ( )	Card Table ( )	Disco ( )	Top 40's ( )
Dart Board ( )	Combo ( )	Pinball Machine ( )	Country ( )
Singer ( )	Music (Band) ( )	Piano Bar ( )	Oldies ( )

#### Type of Music

Happy Hour Advertising ( ) \_\_\_\_\_

**Type of happy hour (free drinks, pricing wheels, 2 for 1, etc.)**

Length of happy hour? \_\_\_\_\_ Food served? Yes ( ) No ( )

### 6. Area Surrounding Premises (Check as applicable)

Downtown District ( )	Industrial ( )	Suburban Commercial ( )
Rural ( )	Shopping Center ( )	Resort ( )
Residential/Commercial ( )	Seasonal ( )	

### 7. Is parking area well lighted? Yes ( ) No ( )

### 8. Clientele (Check as applicable)

Local Residents ( ) Families ( ) Retirement Community ( ) Transient ( )

**9. Management**

(a) Describe owner/manager's hours and policy as respects # drinks served, etc. \_\_\_\_\_

(b) Is there a bouncer? Yes ( ) No ( ) Is bouncer familiar with assault laws? \_\_\_\_\_

**10. Main Exit**

(a) Main exit is to (divided highway? undivided highway? or ?) (Specify) \_\_\_\_\_

(b) Any obstruction blocking view of oncoming traffic? Yes ( ) No ( )

(c) What is the speed limit? \_\_\_\_\_ mph

(d) Describe any other exits \_\_\_\_\_

**11. General Information**

(a) Are premises inside or outside an incorporated municipality? \_\_\_\_\_

(b) Opening and closing hours \_\_\_\_\_

(c) Seating capacity, dining room \_\_\_\_\_ bar area \_\_\_\_\_

(d) Number of bartenders \_\_\_\_\_

Bartender training: Yes ( ) No ( ) TYPE : [ ] B.A.D.D. [ ] T.I.P.S [ ] Other: \_\_\_\_\_

**12. Insurance History**

(a) Previous liquor liability insurer (give full name of insurance company, limit of liability and premium)

(b) Describe any liquor liability losses claimed or sustained within the past five years whether insured or not (include loss amount)

(c) Current CGL carrier (give full name of insurance company and limit of liability)

**13. Annual Gross Sales Show 3 Years Revenues**

	<u>Est next 12 mos.</u>	<u>Expiring Year</u>	<u>Previous Year</u>
Liquor Sales	\$ _____	\$ _____	\$ _____
Food Sales	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

**14. REMARKS**

**15. Has liquor liability insurance coverage been denied, canceled or non-renewed during last 3 years?**  
[ ] YES [ ] NO

Explain.

I HEREBY DECLARE THAT THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND THAT I/WE HAVE NOT MISSTATED OR SUPPRESSED ANY MATERIAL FACTS. I AGREE THAT THIS APPLICATION, TOGETHER WITH ANY OTHER INFORMATION SUPPLIED BY ME ON BEHALF OF THE APPLICANT SHALL FORM THE BASIS OF ANY CONTRACT OF INSURANCE EFFECTED THEREON. THE APPLICANT UNDERTAKES TO INFORM THE INSURER OF ANY MATERIAL ALTERATION TO THESE FACTS WHETHER OCCURRING BEFORE OR AFTER ISSUANCE OF THE CONTRACT OF INSURANCE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURANCE COMPANY TO PROVIDE THE INSURANCE.

SIGNED AT \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
Signature Witness/Broker

\_\_\_\_\_  
Authorized Signature for Applicant (include title)