



Dallas
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(Special purpose underwriting)
Application for Liquor Law Liability Insurance
SHORT TERM EVENTS

Note: If a policy is issued, it will be on a Claims-Made basis.

1. Applicant Name _____
Is Liquor License in Applicant's Name? _____ (If not, explain under remarks)
Mailing address _____

Applicant is: _____ Zip _____
Individual () Corporation () Partnership () Joint Venture ()
Other _____

Location of Event _____

Dates and times of Event _____

Serving hours: From: _____ To: _____

Number of Bartenders _____

Area surrounding Event is: Downtown District () Rural () Industrial ()

Type of Event _____

Music? _____ What kind? _____ Dancing? _____ Hours/day _____

Other _____

How many years have they been having this event? _____

Who are bartenders? _____

How many years have they been having this event? _____

Type of Security _____

Establishments policy with respects to checking idenfication of customer who requests alcohol.

Describe the establishment's policy with respects to the number of drinks served.

Estimated beer, wine and liquor sales _____

Estimated food sales _____

Previous Liquor Liability Carrier _____

Policy Number _____

Premium _____

General Liability Carrier _____

Policy Number _____

Limits of Liability _____

Any liquor claims? If yes, please explain. _____

Additional Insured? _____ Please give details _____

Remarks: _____

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 of Agent/Broker

Signature of Applicant

Print Agent/Broker Name

Title of Applicant

Telephone Number