

LIQUOR LIABILITY INSURANCE APPLICATION

1. Insured Name: _____

DBA: _____

2. Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

3. Contact Name: _____

Contact Phone: _____

4. Applicant is: _____

5. Desired Effective Date: _____

6. Expiration Date: _____

7. Description of Operations: _____

Liquor License

8. State of Issuance: _____

9. License Number: _____

10. Expiration Date: _____

11. Prior to the Expiration Date (stated above), state the number of consecutive years the establishment has held a valid Liquor License(s) not subject to suspensions, revocations, or other impairments: _____

12. Establishment Information

Establishment Name	Establishment Type

13. Entertainment Information

Entertainment Type: _____

14. Music Information

Music Type: _____

15. Bartender Information

Establishment Name	Bartender Training Type	Other

16. Happy Hour Information

Establishment Name	Promotion Type	Other

17. Establishment/General Information

Average waiting time to eat at restaurant or food service (*in minutes*): _____

Opening And Closing Hours: _____

Seating Capacity Dining Room: _____

Seating Capacity Bar Area: _____

Number Of Bartenders: _____

Where does the main vehicle exit place the vehicle? _____

Has liquor liability insurance coverage been denied, cancelled or non-renewed during the last 3 years? **Yes/No**

Explain: _____

Has this establishment or any establishment of the applicant or partner been subject to any regulatory investigations, fines, or warnings in the past 5 years? **Yes/No**

Explain: _____

18. Management Information

Describe, in detail, owner/manager's working hours: _____

Describe, in detail, the establishment's policy the procedure for handling intoxicated individuals, etc.:

Describe, in detail, the establishment's policy with respect to checking the identification of customer who request alcoholic beverages: _____

Describe, in detail, the establishment's policy with respect to the number of drinks served to patrons:

Describe how the establishment's policies (above) are communicated to employees: _____

Number of years experience at this location? _____

19. Annual Gross Sales

Expiring Year

Establishment Name	On Liquor Sales	Off Liquor Sales	Food Sales	Other Sales

Prior Year

Establishment Name	On Liquor Sales	Off Liquor Sales	Food Sales	Other Sales

Claim History

20. In the past five years, have any property incidents or claims been made against applicant? Yes

Year	Description	Amount Paid:

21. Insurance History

Previous Liquor Liability Carrier	Policy Number	Limits of Liability	Premium
General Liquor Liability Carrier	Policy Number	Limits of Liability	Premium

Limit Information

22. Limits Desired: _____ Deductible Desired: _____

23. Retroactive date of current (*claims made*) policy: _____

Fraud Warnings

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature of Insured Owner, Partner or Principal Title Date

IF A POLICY IS ISSUED THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED.
IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.**

The Insured hereby acknowledges that he or she or it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this policy.

The Insured hereby further acknowledges that he or she or it is aware that legal defense costs or defense expenses that are incurred shall be applied to the deductible amount.

Signature of Insured Owner, Partner or Principal Title Date

Signature Witness/Retail Broker SIGNED AT DATE