APPLICATION FOR LIQUOR LIABILITY

1. Named Insured Address:
   ______________________________________________________

   Contact person:
   Phone:_______________________________________________

2. Name on liquor license:
   ______________________________________________________

3. Liquor license number:___________ Class of license:________________________
   ______________________________________________________

4. Type of facility or event where liquor will be sold:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

5. Number of event days coverage is required opening and closing hours of event(s)
   opening and closing hours of liquor sales:
   ______________________________________________________

6. Has applicant's liquor license ever been revoked or suspended? _____ Yes _____ No
   If yes, explain:________________________________________

7. Has applicant incurred claims for liquor liability during the last 3 years? _____ Yes
   No If yes, explain:
   ______________________________________________________

8. Has any insurer cancelled or non-renewed coverage during the last 3 years?_____ Yes
   No _____ If yes, explain:
   ______________________________________________________

9. Has applicant ever been fined by an alcoholic beverage control or other governmental
   regulator? ______ Yes _____ No
   If yes, explain:
   ______________________________________________________
10. Type of alcoholic beverages sold:__________________________________________________________
______________________________________________________________________
______________________________________________________________________

11. Annual Gross Sales: Liquor sales
$______________________________________________
Food sales
$______________________________________________
Other
$______________________________________________

12. Are patrons allowed to carry alcoholic beverages onto the premises? _______Yes
______ No
If yes, what type?
____________________________________________________________

13. Do you exercise the right of search and seizure of contraband items? _____Yes
______ No
If yes, how do you notify the public of this?
____________________________________________________________

14. Do you maintain security personnel and are they trained to deal with liquor problems:
_____Yes                                                _____No     Please describe program:
____________________________________________

15. Are the alcohol sales and consumption contained within one fixed site or are booths/stands scattered throughout the event site?
______________________________________________________________________

16. Number of servers used?

                       Professional #?

                       Volunteer #?

17. Do the servers receive any type of alcohol awareness training? _____Yes _____No
If yes, explain (attach training manuals used):
______________________________________________________________________

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18. Median age of customers: 18-25  25-30  30-40  40 and over

19. Explain how ID’s are checked:

________________________________________________________________________

20. Are uniformed police officers present at the site of alcohol sales?

Are private security present? #

Are undercover police officers present? #

________________________________________________________________________

21. Are rules and regulations clearly displayed for patrons viewing? _____Yes _____ No

Explain: ________________________________________________________________

________________________________________________________________________

22. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?

Yes      No      Explain:

________________________________________________________________________

23. Is there any type of designated driver program? _______Yes   _______No

Explain: ________________________________________________________________

________________________________________________________________________

24. Limit of liability requested:

Any Excess Coverage required & Amount:

________________________________________________________________________

________________________________________________________________________

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Signed:
Title:__________________________________________________________

Date:___________________