



HOSPITALITY™
MUTUAL Insurance
 Company

Taking the Risk Out of Hospitality

95A Turnpike Road Westborough, MA 01581

1ST TIME LIQUOR APPLICATION

www.hospitality-mutual.com

TOLL FREE 877.366.1140

508.366.1140

FAX 508.836.4940

IN ORDER FOR A POLICY TO BE ISSUED, YOU MUST:

- I Complete this application in full.**
- II Attach the appropriate premium payment payable to Hospitality Mutual Insurance Company (hereafter referred to as Hospitality Mutual). Round to the nearest dollar.**

POLICY INFORMATION

Name as it appears on license* _____

dba _____

Mailing Address _____ City/Town _____ State ____ Zip _____

Premise Address _____ City/Town _____ State ____ Zip _____

Applicant is: Indiv. ____ Corp. (inc. Fed. I.D. #) _____ Partnership _____ Other (specify) _____

Owner _____ Home Address _____ Tel (____) _____

Holder of Records/Address _____ Tel (____) _____

*** Only the license holder as it appears on the license will be insurable.**

CLASSIFICATION OF RISK

ANNUAL / SEASONAL LICENSED ESTABLISHMENTS	CODE
_____ Manufacturers – including wineries – with or without hospitality rooms	11
_____ Wholesale distributors – including importers. No consumption on premises	12
_____ Stores – retail – including package stores, beer distributors, drug stores, department stores, markets, etc. No consumption on premises	21
_____ Bars, grills, taverns and bowling alleys	31
_____ Clubs – country, golf, civic, fraternal or social (serving to members and guests)	32
_____ Hotels, motels – including retail sales	33
_____ Restaurants – liquor sales less than 40% of total sales	34
_____ Restaurants – liquor sales exceed 40% of total sales	35
CATERERS LICENSE	
_____ Premium calculated per adult attendee (minimum 3 events policy term)	37
TEMPORARY LICENSES	
_____ Annual Policies For Temporary Events (minimum 3 events at same location)	38
_____ Single / Multiple day licenses for temporary events – fairs, carnivals, bazaars, parades, etc.	41

COVERAGE SELECTION

1. TYPE OF POLICY REQUESTED

_____ **Occurrence** – provides coverage in accordance with policy provisions for bodily injury which occurs during the policy period.

2. POLICY LIMITS REQUESTED

State the **limits of liability for liquor liability** coverage you request from Hospitality Mutual.

- _____ **\$50,000 per person / \$100,000 per occurrence / \$100,000 aggregate**
- _____ **\$100,000 per person / \$200,000 per occurrence / \$200,000 aggregate**
- _____ **\$250,000 per person / \$500,000 per occurrence / \$500,000 aggregate**
- _____ **\$500,000 per person / \$1,000,000 per occurrence / \$1,000,000 aggregate**
- _____ **\$1,000,000 per person / 1,000,000 per occurrence / \$2,000,000 aggregate**

3. POLICY TERM REQUESTED _____ / _____ / _____ to _____ / _____ / _____

PREVIOUS HOSPITALITY MUTUAL POLICY # _____

(Cannot be prior to the date completed application, required documentation & premiums are received by Hospitality Mutual.)

NEW ENTITY or EXISTING? _____ Prior liquor liability coverage elsewhere or bare? _____

If elsewhere, what company and policy period? _____

PREMIUM CALCULATION SECTION (COMPLETE ALL LINES IN FULL)

	CURRENT YEAR ESTIMATE	LAST YEAR ACTUAL
Liquor Sales (1)	\$ _____	\$ _____
Food Sales (if none, enter "0")	\$ _____	\$ _____
Total (Liquor & Food) (2)	\$ _____	\$ _____
Ratio of Liquor (Liquor Sales (1) ÷ Total (2))	_____ %	_____ %
Wholesale Liquor Purchases (3)	\$ _____	\$ _____
Cost of Sales (Purchases (3) ÷ Liquor Sales (1))	_____ %	_____ %

ENTERTAINMENT INFORMATION

Are any of the following provided at this premise? No _____ (IF YES, CIRCLE ALL THAT APPLY)

Live Entertainment, Bands, DJ, Karaoke, Amateur Nights, Exotic Dancing, Pool Table, Darts, Dancing

Number Days with Live Entertainment per week _____ (a) Number Days Open per week _____ (b) (a) ÷ (b) = _____ %

ALCOHOL TRAINING / SECURITY TRAINING INFORMATION

Name of: Alcohol Training Program _____ Security Training Program _____

Mgmt. _____ # Non-Mgmt. Alcohol Servers _____ # Security Personnel _____

NOTE: 100% of management and 75% of non-management servers must be certified to receive credit at policy inception. If they do not qualify, please indicate N/A for the appropriate program.

Alcohol Training Credit? Y/N (10%) _____ Entertainment Surcharge? Y/N (10% or 20%) _____

Close at or before 8 pm Credit? Y/N (10%) _____ Multiple Claims Surcharge? Y/N (20% or 30%) _____

Net Surcharge / Credit _____ %

(Apply net surcharge / credit to the base rate and then multiply by liquor sales to reach annual premium.)

Example: Class Code 32 with limits of \$1,000,000/\$1,000,000/\$2,000,000 has a base rate of \$3.31.

Assuming the insured has entertainment, but no alcohol training credit, the rate would then become \$3.64 (\$3.31 + \$.33)

MINIMUM PREMIUMS AND DEPOSITS APPLY TO CLASS CODES 11 - 38:

(Minimum premiums are fully earned)

\$50,000/\$100,000/\$100,000 = \$200	\$250,000/\$500,000/\$500,000 = \$400	\$1,000,000/\$1,000,000/\$2,000,000 = \$750
\$100,000/\$200,000/\$200,000 = \$300	\$500,000/\$1,000,000/\$1,000,000 = \$500	

CLASSIFICATION CODES 11, 12, 21, 31, 32, 33, 34 and 35 (refer to Page 1)

Estimated Liquor Sales \$ _____ x Rate _____ = \$ _____ estimated premium

CLASSIFICATION CODES 37 and 38

Estimated # Adult Attendees _____ x Rate _____ = \$ _____ estimated premium

CLASSIFICATION CODE 41

Estimated # Adult Attendees/Day _____ x # Days _____ X Rate _____ = \$ _____ premium

OPTIONAL ENDORSEMENTS

- 1. A&B without Security Training \$ _____ (written in conjunction with HMIC CGL policy) 10% of est. annual liquor premium – **(min. of \$50)**
- 2. A&B without Security Training \$ _____ (stand alone liquor without HMIC CGL policy) 20% of est. annual liquor premium – **(min. of \$100)**
- A&B with Security Training \$ _____ (applicable to 1 or 2 above with Security Training) Discount above factors by 50%
- Property Damage \$ _____ 1% of est. annual liquor premium – **(min. of \$50)**

HOSPITALITY MUTUAL PAYMENT OPTION AND DEPOSIT PREMIUM

(Check payment option requested. **Round to nearest dollar.**)

_____ **Payment in Full** – must be paid before policy effective date.

_____ **Monthly (7) Installments** – 20% of the estimated policy premium (or minimum premium, whichever is greater) is payable with application. (5% interest)

_____ **Quarterly (3) Installments** – 33% of the estimated policy premium (or minimum premium, whichever is greater) is payable with application. (7.5% interest)

_____ **VISA / MC** Card # _____ Exp. _____ Cardholder _____



Installment options are not available for estimated premiums UNDER \$1,000. Hospitality Mutual reserves the right to deny installment options. A fee of \$25 will be assessed on all policy reinstatements and returned checks. The applicant also understands, agrees and promises to pay all costs of collection, including reasonable fees, which may be incurred in the collection.

RESTAURANT / TAVERN / BAR SUPPLEMENT

Complete only if requesting General Liability Coverage

Must submit Accord 125 Commercial Insurance Application and Accord 126 Commercial GL Liability Application.

Square Footage of Building _____ Restaurant _____ Apartments _____
Seating Capacity of Restaurant _____ Hours of Operation _____ Number of Apartments _____

Check all that apply:

- Stairwells Elevator Escalator(s)
- Grilling Deep Fat Frying Open Broiling Roasting Table Side Cooking
- Valet Parking
- Off Premises Parking: Square Footage _____ Address _____
- Catering/Banquet Operations: _____ % of total receipts On Premises Off Premises

Has Business been in operation less than 5 years at this location? If yes, describe prior experience of owner/manager _____

Any Deliveries? _____ Are adequate Emergency Exits provided and equipped with panic hardware? _____

Have adequate smoke alarms been installed? _____

Any other on or off premises exposure not listed above? _____

Kitchen Fire Protection

UL 300 approved automatic extinguishing system covering all cooking surfaces _____

Name of system _____ Wet Dry

UL 300 system under maintenance contract: # months _____

AGENT’S/APPLICANT’S CERTIFICATION AND AUTHORIZED SIGNATURES

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent’s/applicant’s knowledge and belief.

By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon Hospitality Mutual’s reliance on the information we have provided, and if such information is misleading or false, Hospitality Mutual may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to Hospitality Mutual or its designated auditor all information regarding the applicant’s retail and wholesale purchases of alcoholic beverages.

STOP!! DO NOT SUBMIT UNLESS ALL ITEMS REQUESTED ON PAGE I HAVE BEEN SUPPLIED AND APPLICATION IS COMPLETED IN FULL.

APPLICANT’S SECTION

Applicant’s Name _____ Title _____

Fed. ID # / Soc. Sec. # _____ Tel Daytime (____) _____

Website _____ Email _____

Applicant’s Signature _____ Date _____

AGENT’S OR BROKER’S SECTION

Company Name _____ Corp. _____ Partshp. _____ Indiv. _____

Agent’s Name _____ Title _____

Agent’s Signature _____ Date _____

Address _____ Fed. ID # _____

City / State / Zip _____ Tel (____) _____

Website _____ Email _____ Fax (____) _____

PLEASE ATTACH BUSINESS CARD