

LIQUOR RENEWAL APPLICATION

POLICY # _____

Refer to Rate Package for Guidelines & Minimum Premiums

Name as it appears on license _____ dba _____

Mailing Address _____ City/Town _____ State _____ Zip _____

Premise Address _____ City/Town _____ State _____ Zip _____

Owner _____ Home Address _____ Tel (____) _____

Holder of Records/Address _____ Tel (____) _____

Policy Term Requested ____/____/____ to ____/____/____ Class Code _____ Limits _____

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

	CURRENT YEAR EST.	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))	____%	____%

SURCHARGES AND CREDITS

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

Days with Live Entertainment per week ____ # Days Open per week ____ (____% per week)

ALCOHOL TRAINING / SECURITY TRAINING INFORMATION

Alcohol Training Program _____ # Mgmt. _____ # Non-Mgmt. Alcohol Servers _____

Security Training Program _____ # 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 II - 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

Please complete side two.

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

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)**

PAYMENT OPTIONS AND DEPOSIT PREMIUM

Payment Plan Pay in Full \$ _____ Monthly (20%) \$ _____ Quarterly (33%) \$ _____

MC/Visa Card # _____ Exp. _____ Cardholder _____

Applicant's Signature _____ Date _____ Tel (____) _____ Website _____

Agency Name _____ Mailing Address _____ Email _____

Agent's Signature _____ Date _____ Tel (____) _____ Fax (____) _____

RESTAURANT / TAVERN / BAR SUPPLEMENT

Complete only if requesting General Liability Coverage

Must submit Acord 125 Commercial Insurance Application and Acord 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 _____