



New and Renewal Liquor Liability Application

Policy Information			
Named Insured: (as name appears on license)			
D/B/A			
Mailing Address:	City/Town	State	Zip
Premises Address:	City/Town	State	Zip
Applicant is: <input type="radio"/> Individual <input type="radio"/> Corp <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Other (specify)			
Owner:	FEIN:	Telephone	
Website:	Email:		
Member of Association <input type="checkbox"/>	Name of Association		
Expiration Date of Package Policy	Policy Term Requested: to		
Additional Quote: Include Quote For General Liability <input type="checkbox"/>			
	Liquor Renewal <input type="checkbox"/>	Existing Policy Number:	

Classification of Risk		
Class Code	Description:	
11 <input type="checkbox"/>	Manufacturers - including wineries - with or without hospitality rooms	
12 <input type="checkbox"/>	Wholesale distributors - including importers; no consumption on premises	
21 <input type="checkbox"/>	Retail stores - including package stores, markets, and gas stations; No consumption on premises	
31 <input type="checkbox"/>	Bars - night clubs, sports bars and gentleman's clubs greater than 60% liquor	
32 <input type="checkbox"/>	Club - golf, civic, fraternal and social; serving to members and guests	
33 <input type="checkbox"/>	Hotel and motels - including retail sales	
34 <input type="checkbox"/>	Restaurants - liquor sales less than 40% of total food and liquor sales	
35 <input type="checkbox"/>	Restaurant, Pubs and Taverns - liquor sales exceed 40% of total food and liquor sales, but less than 60% liquor	
37 <input type="checkbox"/>	Caterers - based on the number of adult attendees: annual policy	Estimated # of annual adult attendees
38 <input type="checkbox"/>	Temporary Events - based on the number of annual adult attendees, annual policy	Estimated # of annual adult attendees
41 <input type="checkbox"/>	Temporary Events - for single or multi day events, weddings, fairs, parades etc.	Estimated # of annual adult attendees
		# of Days

Policy Limits Requested

- \$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

Business Sales

	Projected Current Year	Last Year Actual	Cost of Bottle of Domestic Beer
Liquor Sales	\$	\$	\$ 0.00
Food Sales (if none, enter 0)	\$	\$	

Entertainment Information

Are any of the following provided at this premises? (Check all that apply) No Entertainment

Live Entertainment: Bands DJ Karaoke Dancing Exotic Dancing
 Pool Tables Darts Mechanical Bulls Other

Number of Days with Live Entertainment per week Number of Days Open per week

Close at or before 8:00 pm

Alcohol Training / Security Training Information

Name of Alcohol Training Program (if applicable)

Have 100% of management and 75% of non-management servers been certified? Yes No

Name of Security Training Program (if applicable)

Have 100% of management and 75% of non-management servers been certified? Yes No

Optional Endorsements

Assault & Battery without Security Training

Assault & Battery with Security Training

Property Damage

Additional Insured:	Name	Address

All New Applicants must Complete Information Below

Has business operated under any other name(s)? If so, please provide prior names:

Has applicant been fined or cited for ABC violations of law or ordinances related to illegal activities or the sale of alcohol?
 If yes, please provide: Date: Fine: Penalty Assessed:

Has applicant or any active partner filed for bankruptcy? Yes No

Within the past 5 years has the applicant's General Liability or Liquor Liability coverage been cancelled or non-renewed?
 Yes No If yes, please provide details.

Applicants years of experience owning or managing similar type of operation

Prior Coverage History (5 Years History)

Has the applicant had any losses, claims, or Lawsuits in past 3 years? Yes No

If yes, please provide detailed loss explanation.

Prior Carrier Information (past 5 years)

Year	Company	Premium

The following information is only required if requesting General Liability Coverage along with the ACORD 125 Commercial Insurance Application and ACORD 126 Commercial GL Liability Application

Restaurant / Tavern / Bar Supplement

Square Footage of Building	Square Footage of Restaurant
Square Footage of Building	Square Footage of Restaurant
Seating Capacity of Restaurant	Seating Capacity of Bar
Number of Apartments (if applicable)	Hours of Operation

Check all that apply:

<input type="checkbox"/> Stairwells	<input type="checkbox"/> Elevator	<input type="checkbox"/> Escalator(s)	
<input type="checkbox"/> Grilling	<input type="checkbox"/> Deep Fat Frying	<input type="checkbox"/> Open Broiling	<input type="checkbox"/> Table-side Cooking
<input type="checkbox"/> Valet Parking	<input type="checkbox"/> Off Premises Parking	<input type="checkbox"/> Sq footage of parking lot	
<input type="checkbox"/> Catering/Banquet Operations	% of Total Receipts _		
<input type="checkbox"/> On Premises	<input type="checkbox"/> Off Premises	<input type="checkbox"/> Any Deliveries?	

Are adequate Emergency Exits provided and equipped with panic hardware? Yes No

Adequate smoke alarms installed? Yes No

Any other on or off premises exposure not listed above?

Kitchen Fire Protection

Volume of Cooking: None Limited Full

UL 300 approved automatic extinguishing system covering all cooking surfaces? Yes No
 If No, please provide details.

Name of System: _____ Wet Dry

UL 300 system under maintenance contract? Yes No

How often is system serviced?

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 the company's reliance on the information we have provided, and if such information is misleading or false, the company 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 the company or its designated auditor all information regarding the applicant's retail and wholesale purchases of alcoholic beverages.

Applicant's section:

Applicant's Name:	Title
Fed ID#/Soc. Sec#	Telephone:
Applicants Signature X	Date
Email Address:	

Agent's or Broker's Section

Name of Agency	Address
Name of Agent	Telephone:
Agent's signature X	Fax:
Email Address	Date:

PAYMENT OPTION

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



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

CREDIT CARD AUTHORIZATION FORM

Your information: **Billing Address**

First Name	Last Name
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Street Address	
<input style="width: 98%;" type="text"/>	
City	State/ZIP
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

CARD INFORMATION:

		Expiration Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	CVV Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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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.