



Hospitality Insurance Group
 106 Southville Road
 Southborough, MA 01772
 HMIC.com
 877-366-1140

Liquor Liability Application: RENEWAL

I. POLICY INFORMATION	POLICY # <input style="width: 100%;" type="text"/>
Named Insured: _____	
D/B/A: _____ <input type="radio"/> Same as Named Insured	
Mailing Address: Any changes? _____	
Premises Address: Any changes? _____	
Member of Association: <input type="checkbox"/> Name of Association: _____	
Policy Term Requested: from _____ to _____ Limits Requested: _____ / _____ / _____	
Additional Quote: Include Quote for General Liability <input type="checkbox"/> (Please Attach ACORDs 125 & 126)	
Additional Location(s) <input type="checkbox"/> (Please attach additional app per location)	

II. CLASSIFICATION OF RISK	
For the following classes, please provide the additional information noted below. For all other classes, please continue to Section III Business Sales.	
37	BYOB - based on annual number of adult attendees; on-premises consumption Estimated # of annual adult attendees: _____
37	Caterers - based on the number of adult attendees, annual policy Estimated # of annual adult attendees: _____
38	Annual Temporary Events - based on the number of annual adult attendees, annual policy Estimated # of annual adult attendees: _____

III. BUSINESS SALES			
	Projected Current Year	Last Year Actual	Price of Domestic Bottle of Beer
Liquor Sales (on premises consumption)	\$ _____	\$ _____	\$ _____
Liquor Sales (off premises consumption)	\$ _____	\$ _____	
Food Sales (on premises)	\$ _____	\$ _____	
Food Sales (off premises catering)	\$ _____	\$ _____	

IV. BUSINESS OPERATIONS & ENTERTAINMENT	
Name of Alcohol Training Program (if applicable): _____	
Have 100% of management and 75% of non-management servers been certified? <input type="radio"/> Yes <input type="radio"/> No	
Are employees permitted to consume alcohol on the applicant's premises, prior to, during or after their shift ends? <input type="radio"/> Yes <input type="radio"/> No	
Any changes in entertainment? _____	

V. OPTIONAL ENDORSEMENTS

GL Assault & Battery Endorsement
Property Damage Endorsement

Additional Insured: Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

VI. CITATIONS AND / OR HEARINGS

Has applicant had any citations or hearings with their local liquor licensing board? Yes No
If yes, please provide details: _____

VII. PAYMENT OPTION & DEPOSIT PREMIUM

Check Payment Option

- Payment in Full
- Monthly (7) Installments (available only if total policy premium >\$1,000) - **20% deposit of the estimated policy premium required**

Check Payment Type (round all payments to nearest dollar)

- Credit Card (Visa / MasterCard) - **Please complete the attached Credit Card Authorization Form**
Amount to be charged: \$ _____
- Check - **Copy of check must be sent to bind coverage**

VIII. AGENT'S / APPLICANT'S CERTIFICATION & 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.

1. APPLICANT'S SECTION

Applicant's Name: _____ Title: _____
Fed ID# / Soc. Sec. #: _____ Telephone: _____
Email Address: _____

Applicant's Signature: X _____ Date: _____

2. AGENT / BROKER'S SECTION

Name of Agency: _____ Address: _____
Name of Agent: _____
Telephone: _____ Fax: _____
Email Address: _____

Agent's Signature: X _____ Date: _____

Fraud Statement: 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.

Credit Card Authorization Form

Please complete this form if paying by credit card.

YOUR INFORMATION:

Billing Address

First Name:

Last Name:

Street Address:

City:

State/ZIP:

CARD INFORMATION:



Card Number:

Expiration Date:

CVV Code:

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.