

General Agent \_\_\_\_\_

Insurance Company \_\_\_\_\_

### APPLICATION – LIQUOR LIABILITY

Request for Binder

Request for Quote

1. Named Insured/Liquor Licensee \_\_\_\_\_

2. Address \_\_\_\_\_

3. Named insured is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

4. Policy Period From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Limits of Liability: Each Common Cause Limit \$ \_\_\_\_\_ and Aggregate Limit \$ \_\_\_\_\_

6. Annual Gross Receipts	Policy Year (Est.)	Last Year (Actual)
Food	\$ _____	\$ _____
Beverage	\$ _____	\$ _____
Package	\$ _____	\$ _____

7. Classification of risk (check all applicable)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Billiard/Pool Hall  | <input type="checkbox"/> Discotheque              | <input type="checkbox"/> Restaurant       |
| <input type="checkbox"/> Cabaret             | <input type="checkbox"/> Hall Operators/Caterers  | <input type="checkbox"/> With Lounge      |
| <input type="checkbox"/> Casino              | <input type="checkbox"/> Nightclub                | <input type="checkbox"/> With Service Bar |
| <input type="checkbox"/> Country Club        | <input type="checkbox"/> Package Store            | <input type="checkbox"/> Riverboat        |
| <input type="checkbox"/> County Line Bar     | <input type="checkbox"/> Private                  | <input type="checkbox"/> Semi-private     |
| <input type="checkbox"/> Cowboy Bar          | <input type="checkbox"/> Private Club (VFW, Elks, | <input type="checkbox"/> Sports Bar       |
| <input type="checkbox"/> Dance Hall/Ballroom | American Legion, Knights of                       | <input type="checkbox"/> Tavern           |
|  | Columbus, Shrine, etc.)                           | <input type="checkbox"/> Wholesale Only   |

8. Area of Applicant's premises \_\_\_\_\_ Sq. Ft. Area of Applicant's dance floor \_\_\_\_\_ Sq. Ft.

9. Parking lot on premises?  Yes  No. If yes, number of spaces \_\_\_\_ Street parking?  Yes  No.  
Public or other parking adjacent to insured premises?  Yes  No. Valet parking?  Yes  No.  
Estimated percentage of patrons who live in the neighborhood and walk in? \_\_\_\_\_%

10. Premises closes before:

Weekdays  12:01 AM  2:01 AM  Other \_\_\_\_\_

Weekends  12:01 AM  2:01 AM  Other \_\_\_\_\_

11. Are the premises inside Corporate limit of City, Town or Village?  Yes  No.

If no how far outside? \_\_\_\_\_

Is any adjacent county dry?  Yes  No. If yes, Name of County and State: \_\_\_\_\_

11. How many days per week are premises open for business? \_\_\_\_\_

13.  Pool Tables  Pinball Machines  Jukeboxes  Dart Lanes  Shuffle Boards  TV's  
 Electronic Games  Other (describe) \_\_\_\_\_

14. Is live entertainment provided?  Yes  No If yes, how often? \_\_\_\_\_  
Type?  Piano Bar  Vocalist  Standup Comedians  Bands of 3 persons or more  Nudity  
 Other (describe) \_\_\_\_\_

15. Unusual promotions?  Yes  No. If yes,  Volleyball  Basketball  Mud Wrestling  
 Bungee Jumping  Mechanical Bull  Midget or Go-cart racing  Swimming Pool or Lake  
 Other. Describe \_\_\_\_\_

16. Is there an operating kitchen on premises?  Yes  No.  Snacks only
17. Are sales confined to beer or wine?  Yes  No
18. How many years at this location? \_\_\_\_\_
19. Has license ever been suspended or revoked?  Yes  No
20. Previous carriers, policy numbers and years of coverage:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
21. Has any company cancelled or refused coverage during the past five (5) years?  Yes  No  
If yes, why? \_\_\_\_\_
22. Any claims - last five (5) years?  Yes  No  
 Arising out of assault with a weapon.  Arising out of customers and their automobiles.  
Describe circumstances and amount paid.
1. \_\_\_\_\_
  2. \_\_\_\_\_
- Other claims, describe circumstances and amount paid.
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
23. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date