



LIQUOR LIABILITY APPLICATION

1.	LEGAL NAME:	DOING BUSINESS AS:			
2.	NAME LIQUOR LICENSE IS IN:				
3.	LIQUOR LICENSE NUMBER:		LIQUOR LICENSE CLASS:		
4.	OPENING AND CLOSING HOURS OF ALCOHOLIC BEVERAGE SALES:			TO	
5.	HAS YOUR LIQUOR LICENSE EVER BEEN REVOKED, SUSPENDED OR FINED?				<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	HAVE YOU INCURRED CLAIMS FOR LIQUOR LIABILITY IN THE PAST 5 YEARS?				<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	HAS ANY INSURER CANCELLED OR NON-RENEWED COVERAGE IN THE PAST 3 YEARS?				<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	TYPE OF ALCOHOLIC BEVERAGES SOLD:			<input type="checkbox"/> BEER	<input type="checkbox"/> WINE <input type="checkbox"/> LIQUOR
9.	ANNUAL GROSS SALES OF ALCOHOLIC BEVERAGES:				\$
10.	ARE PATRONS ALLOWED TO CARRY ALCOHOLIC BEVERAGES ONTO THE PREMISES?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, WHAT TYPE?				
11.	DO YOU MAINTAIN SECURITY PERSONNEL AT EVENT ENTRY CHECK POINTS?				<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	DO THEY EXERCISE THE RIGHT OF SEARCH AND SEIZURE OF CONTRABAND ITEMS?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, HOW IS THE PUBLIC NOTIFIED OF THIS?				
13.	ARE ALCOHOL SALES AND CONSUMPTION:	<input type="checkbox"/> CONTAINED WITHIN ONE FIXED SITE; OR <input type="checkbox"/> ARE BOOTHS / STANDS LOCATED THROUGHOUT EVENT SITE?			
14.	IF SITE IS COMPLETELY CLOSED, ARE MINORS ALLOWED TO ENTER?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, PLEASE EXPLAIN:				
15.	DO ALL SERVERS HAVE 2 OR MORE YEARS OF EXPERIENCE SERVING ALCOHOLIC BEVERAGES?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, PLEASE EXPLAIN:				
16.	NUMBER OF SERVERS USED:		TYPE OF SERVERS USED:	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PROFESSIONAL
17.	DO ALL SERVERS RECEIVE FORMAL ALCOHOL AWARENESS TRAINING?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, WHAT PROGRAM IS USED:	<input type="checkbox"/> TIPS	<input type="checkbox"/> TAMS	<input type="checkbox"/> RAMP	<input type="checkbox"/> BEST <input type="checkbox"/> OTHER (SPECIFY):
18.	IS I.D. CHECKED AT POINT OF SALE?				<input type="checkbox"/> YES <input type="checkbox"/> NO
19.	ARE RULES AND REGULATIONS CLEARLY DISPLAYED FOR PATRON'S VIEWING?				<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	WHAT TYPE OF CONTAINER IS THE ALCOHOLIC BEVERAGE SERVED IN?	<input type="checkbox"/> CUP	<input type="checkbox"/> CAN	<input type="checkbox"/> BOTTLE	<input type="checkbox"/> PITCHER
21.	WHAT IS THE SIZE OF THE BEVERAGE SOLD?				OZ
22.	CAN MORE THAN 2 ALCOHOLIC BEVERAGES BE PURCHASED AT ONE TIME?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, PLEASE EXPLAIN:				
23.	IS THERE A DESIGNATED DRIVER PROGRAM IN EFFECT?				<input type="checkbox"/> YES <input type="checkbox"/> NO
24.	LIQUOR LIABILITY LIMIT REQUESTED (COVERAGE IS AGGREGATED):				

I UNDERSTAND THAT THE INSURANCE COMPANY WILL RELY ON INFORMATION CONTAINED IN THIS APPLICATION AND ALL OTHER INFORMATION BEING SUBMITTED. I HEREBY REPRESENT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS COMPLETE, TRUE AND ACCURATE.

Date

Signature of Insured

Title