



** required information*

LIQUOR LIABILITY INSURANCE APPLICATION

- A. Brokerage Contact*

- B. Email Address*

- C. Brokerage Address

- D. Brokerage Phone #*

continue with requested application information

LIQUOR LIABILITY INSURANCE APPLICATION

Instant Indication

A. Applicant Information

1. Applicant Company Name: _____

DBA: _____

2. Address 1: _____

Address 2: _____

3. City: _____ State: _____ Zip Code: _____

4. Effective Date: _____

5. Expiration Date: _____

6. Form Code *(please circle one)*: Occurrence Claims Made

B. Operations

1. Special Event: YES / NO

If YES, please provide the following information:

Number of days needed for coverage?

Event Type *(please circle one)*:

Related To A College Oktoberfest American Legion Rock Concert Other

2. Location Information

On Liquor Sales: \$ _____ Food Sales: \$ _____

Off Liquor Sales: \$ _____ State: _____

Establishment Type: _____

Description: _____

3. If there is a Happy Hour, what is the promotion type? *(please circle one)*:

Wet T-Shirt Contest Discounted Drinks Two-For-One Drinks Free Drinks Other None

4. Has the applicant, any partner, or any officer of the applicant been the subject of any voluntary or involuntary bankruptcy proceedings within the past 5 years? YES / NO
5. Does the applicant have General Liability coverage with limits equal to or greater than the proposed liquor limits? YES / NO
6. Does the person running the day-to-day operation at any of the locations have less than 3 years of experience serving liquor? YES / NO
7. Does the applicant have any adult entertainment types including exotic dancing, cage dancing or partial nude dancing? YES / NO
8. Who is filing the surplus lines taxes? *(please circle one)*: **Broker** **AI Risk**

C. Policy Limits

1. Limits of Liability: _____ Deductible: _____

D. Coverages & Endorsements

1. Per Location Aggregate: YES / NO
2. Exclude Terrorism Coverage: YES / NO

Application

A. Applicant Information

1. Contact Name: _____
2. Phone: _____
3. Type of Business: _____
4. FEIN Number: _____

B. Surplus Lines Taxes & Fees

1. Who Is Filing Taxes: *(please circle one)*: **Broker** **AIRISK**

Broker License Number: _____

Name: _____

Address 1: _____

City: _____ State: _____ Zip Code: _____

C. Liquor License

1. State of Issuance: _____
2. License Number: _____ Expiration Date: _____
3. Prior to the Expiration Date (stated above), state the number of consecutive years the establishment has held a valid Liquor License(s) not subject to suspensions, revocations, or other impairments: _____

D. Location – Sales Information

1. Annual Gross Sales:
On Liquor Sales (Expiring Year / Previous Year): _____
Food Sales (Expiring Year / Previous Year): _____
Off Liquor Sales (Expiring Year / Previous Year): _____
Other Sales (Expiring Year / Previous Year): _____

E. Location – Management Information

1. Describe, in detail, owner/manager's working hours:

2. Describe, in detail, the establishment's policy and procedure for handling intoxicated individuals, etc.:

3. Describe, in detail, the establishment's policy with respect to checking the identification of customers who request alcoholic beverages:

4. Describe, in detail, the establishment's policy with respect to the number of drinks served to patrons:

5. Describe how the establishment's policies (above) are communicated to employees:

6. Number of year(s) experience at this location? _____

F. Location – Establishment

1. Is there a separate bar area? YES / NO

2. Average waiting time to eat at restaurant or food service (in minutes): _____

3. Opening And Closing Hours: _____

4. Are you Open After 2AM? YES / NO

5. Seating Capacity Dining Room: _____ Seating Capacity Bar Area: _____

6. Number Of Bartenders: _____

7. Has liquor liability insurance coverage been denied, cancelled or non-renewed during the last 3 years? YES / NO *If YES, please explain:*

8. Where does the main vehicle exit place the vehicle? *(Please circle one):*

Divided Highway Undivided Highway Unlighted Road Dirt Road Bridge Other

9. Has this establishment or any establishment of the applicant or partner been subject to any regulatory investigations, fines, or warnings in the past 5 years? YES / NO

If YES, please explain:

10. Bartender Training: YES / NO

11. Entertainment Type *(Add as needed) (Ex. Pool Table, Juke Box, etc.):* _____

12. Music Type *(Add as needed):* _____

G. Claims History

1. Has the applicant had any losses in the past five (5) years? YES / NO

2. Date of Claim: _____ Claimant Name: _____

3. Nature of Claim: _____

4. Amount In Defense and Indemnity: _____ Reserve Amount: _____

5. Current Status: _____

H. Policy History

1. Retroactive Date of current (claims made) policy: _____

2. Previous Liquor Liability Insurer: _____

3. Previous Liquor Liability Insurer Policy Number: _____

4. Previous Liquor Liability Insurer Limits: _____

5. Previous Liquor Liability Insurer Premium: _____

6. General Liability Insurer: _____

7. General Liability Insurer Policy Number: _____

8. General Liability Insurer Limits: _____