



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,
American Legion, Knights of
Columbus, Shrine, etc.) | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Dance Hall/Ballroom | | <input type="checkbox"/> Tavern |
| | | <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