

LIQUOR LIABILITY APPLICATION

Name of Applicant (show all names including legal & dba's)

Location Address:

Mailing Address:

Phone Number:

Email:

Type of alcohol sold / alcohol proof: /

Annual estimated Gross Sales:

1. Liquor License Number:

2. If Name on Liquor License is different than Named Insured as it appears on the policy, please explain:

(Please provide a copy of contract)

Please provide ownership information:

What is the relationship to the Named Insured:

3. Are patrons allowed to bring/carry alcoholic beverages on the premises?

☐ Yes ☐ No

If Yes, what kind?

Limit &/or Quantity restrictions? ☐ Yes ☐ No

If Yes, please explain:

4. Does Named Insured exercise the right of search and seizure of contraband items?

☐ Yes ☐ No

If Yes, how is the public made aware?

5. Are written procedures in place which require proof of age from patrons?

☐ Yes ☐ No

If Yes, please explain:

Are rules and regulations clearly displayed for patrons' viewing? ☐ Yes ☐ No6. Are all alcohol-serving employee certified in a **Formal Alcohol Training Course**?☐ Yes ☐ No

If Yes, what is the name of the training program (i.e; TIPS, TAM, RAMP, BEST):

7. Liquor sales operated by Concessionaire?

☐ Yes ☐ No

If Yes, please explain:

Please attach a copy of the certificate of insurance.

Is there a hold harmless agreement in your (insured) favor? ☐ Yes ☐ No**Violations:**

Has applicants' alcohol beverage license ever been revoked, suspended, fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol?

☐ Yes ☐ No

If Yes, please explain:

Claims:

Within the past 5 years, has the applicant had any liquor liability claims or notification of potential Liquor Liability claims?

☐ Yes ☐ No

If Yes, provide date(s), description of claim(s) and status:

Signing this application does not bind the applicant or the Company to complete the insurance

Applicant Name

SIGNATURE OF APPLICANT

DATE