



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