Liquor Liability Application

Applicant's name:_____
Location address:_
_____
City:_____ State:_ _____
Zip code:_____
Number of locations to be insured: _____ (complete one application per location)
Description of Operations:

What year did the applicant start business at this location?_____

Liquor Liability Section:
Each common cause limit: $ _____
Aggregate limit: $_____
Total receipts: $_____
Alcohol receipts: $_ _____
Does applicant offer on-premises tasting or sampling of alcoholic beverages? _____
If "Yes," complete the following:
a. Are more than eight ounces of samples permitted for any one patron per day? _____
b. If persons other than the applicant's employees are serving the samples, are they required to carry their own liquor liability insurance at limits equal to or greater than the applicant's?_____
Does applicant deliver alcoholic beverages to their customers? _____
If "Yes," complete the following:
a. Is alcohol only delivered to individuals age 21 or over with proper identification and signature required?
What time does the sale of alcohol cease? _____
Are all alcohol-selling employees trained to check for proper identification? _____
If "Yes," does the establishment utilize an identification scanner device to verify age? _____
Are alcohol-selling employees trained to not sell alcohol to intoxicated patrons?____

Questions:

1. Applicant has no knowledge of any liquor liability and/or assault and battery claims or the notification of potential liquor liability and/or assault and battery claims at this location within the past five years. _____
   Provide the following information on each claim:

   Date(s): _____
   Description(s): _____
   Total incurred losses (reserves and payments): _____
   Status(open or closed): _____
   Measures in place to prevent future violations:
   _____

2. Applicant has no knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years. _____
   Provide the following information on each fine or citation:
   Date(s): _____
   Description(s): _____
   Measures in place to prevent future violations: _____
3. Applicant or any principal with a controlling interest in the applicant has not filed for bankruptcy in the last 12 months. _____
4. Applicant has and will maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling serving or distributing alcohol. _____
5. Employees or other persons selling or serving alcohol are not permitted to consume alcohol during their hours of employment or service _____
6. Applicant does not sell or serve alcohol away from the premises. _____
7. Within the past five years, applicant's liquor liability coverage has not been cancelled or non-renewed. _____

Applicant's Signature: _____ Title: _____

Date: _____