

SUPPLEMENTAL LIQUOR LIABILITY APPLICATION

Applicant Name: _____ Date: _____

Address: _____

Telephone Number: _____

Description and Location of Licensed Premises: (No other licensed premises are covered unless accepted by the company and shown on the policy, for an additional charge.) _____

Policy Term: _____ Number of years in business at this location: _____

Number of years applicant has owned or operated a licensed establishment: _____

Name, Address, Phone of Liquor Licensee: (if different than applicant) _____

Limits Requested: (Note: General Aggregate Limit must equal Each Common Cause Limit and not exceed General Liability Occurrence Limit.)

Each Common Cause \$ _____	Aggregate \$ Same _____
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Hours and days of operation: _____ Average age of customers: _____

Estimated Annual Receipts - They will be audited.

Alcoholic Beverages \$ _____

Food & Non-Alcoholic \$ _____

Other (e.g. entertainment, admissions, amusements) \$ _____

Describe type and frequency of live entertainment _____

If dancing is permitted, give area of dance floor _____

Describe type and number of amusement devices _____

Hours and days owner or full-time manager is on duty _____

If applicant provides a program of training or guidance for employees with respect to handling minors or intoxicated customers, attach copy of certificate issued by professional training organization.

Liquor Liability loss experience (3 years). Show all incidents, even if nothing paid.

<u>Date</u>	<u>Reserved</u>	<u>Paid</u>	<u>Insuror</u>	<u>Description of Incident</u>

If liquor license has been suspended or licensee fined for liquor law violation in last 3 years, give details:

If any liquor liability policy or coverage has been declined, cancelled or non-renewed during prior 3 years, give details:

Comments: _____

Applicant's Signature (REQUIRED)

Date

Agent Name