

## Liquor Liability Supplement

Named Insured/Licensee \_\_\_\_\_

If Licensee, relationship to Named Insured: \_\_\_\_\_

Location of Premises: \_\_\_\_\_  
\_\_\_\_\_

**Type of Neighborhood:**

- Residential/Retail
- Shopping Center
- Downtown District
- Industrial
- Seasonal
- Resort
- Rural

RECEIPTS	Last Year	This Year
Bar		
Package		
Food		

Type of Establishment:

- Hotel       Private Club  
 Tavern       Package Store  
 Restaurant       Other: \_\_\_\_\_

Entertainment:

- Live Band       Pool Tables  
 Dancing      How Many: \_\_\_\_\_  
 Happy Hour

Hours of Operation \_\_\_\_\_ Days of the Week \_\_\_\_\_

Does the establishment have:  ID Checker     Bouncer    Number of Bartenders on duty: \_\_\_\_\_

Beer and Wine only?       Seating capacity: Bar \_\_\_\_\_ Dining Room \_\_\_\_\_

Age of principal clientele  Under 30     Over 30

All Servers have completed an alcohol awareness course.  Yes     No

How many years licensed at this location? \_\_\_\_\_

If under 3 years, prior experience (explain): \_\_\_\_\_

Has risk been fined or cited for alcohol violations in the last 5 years? If so, describe.  
\_\_\_\_\_  
\_\_\_\_\_

Previous Liquor Liability Insurer: \_\_\_\_\_

Cancelled or Non-renewed? If so, why? \_\_\_\_\_

Describe any liquor liability losses claimed or sustained within the past 5 years, whether insured or not (include loss amounts): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Signature: \_\_\_\_\_