



**LIQUOR LAW LIABILITY INSURANCE APPLICATION**

**Applicant Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Name and Address of Establishment to be insured** \_\_\_\_\_

1. **Applicant is:**  Individual  Corporation  Partnership  Other \_\_\_\_\_
2. **Type of establishment** \_\_\_\_\_ **Is there a separate bar area:**  Yes  No
3. **How long at this location?** \_\_\_\_\_
4. **Contact Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_
5. **Limits of insurance applied for:** \$ \_\_\_\_\_ **General Aggregate/Each Common Cause Proposed effective and expiration date** \_\_\_\_\_ **Target Premium:** \$ \_\_\_\_\_
6. **Has applicant, any officer or partner been declared bankrupt within the last 5 years?**  Yes  No  
If Yes, please explain in "Remarks"
7. **Length of time applicant has had liquor license** \_\_\_\_\_
8. **Type of liquor license:**  Wholesale  Retail **Code Number** \_\_\_\_\_
9. **ABC license number:** \_\_\_\_\_
10. **Type of liquor sold:**  Beer  Wine  Liquor
11. **Describe owner/managers hours and responsibilities** \_\_\_\_\_  
\_\_\_\_\_ **How many years experience?** \_\_\_\_\_
13. **Clientele:**  Local Residents  Retirement Community  Families  Under 30 years old
14. **Area surrounding premises:**  Downtown District  Shopping Center  Industrial  
 Resort  Suburban Commercial  Residential/Commercial  Seasonal  Rural
15. **Describe entertainment** \_\_\_\_\_  
\_\_\_\_\_ **type of music** \_\_\_\_\_  
 Pool Table  Dart Board  Pinball  Card Room
16. **Are premises**  Inside or  Outside an incorporated municipality?
17. **Opening and closing hours are from** \_\_\_\_\_ **to** \_\_\_\_\_
18. **Do you have "Happy Hour" or other promotional activities or contest?**  Yes  No

If yes, how are they advertised? \_\_\_\_\_

19. Seating capacity: Dining Room \_\_\_\_\_; Bar Area \_\_\_\_\_

20. Have any protests, denials, complaints or accusations been made against you as described in "THE ALCOHOLIC BEVERAGE CONTRACT ACT"?  Yes  No If yes, explain in "Remarks"

21. Has liquor license ever been suspended or revoked?  Yes  No

If yes, please explain \_\_\_\_\_

22. Number of bartenders: \_\_\_\_\_ Bouncers \_\_\_\_\_

23. Have all servers completed a certified alcohol awareness training course?  Yes  No

24. Have all clerks completed the "CLERKS AFFIDAVIT" if license type is Off-Sale, type 20 or 21?

Yes  No

25. Prior liquor liability insurance carrier \_\_\_\_\_ Premium \_\_\_\_\_

26. Describe any liquor liability losses claimed or sustained within the past 5 years (include loss amount)

\_\_\_\_\_

27. Name of Commercial General Liability carrier \_\_\_\_\_

Limits of liability \_\_\_\_\_

28. Annual Gross Sales for period \_\_\_\_\_ TO \_\_\_\_\_

	CURRENT	PROJECTED
Liquor Sales	\$ _____	\$ _____
Food Sales	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____

REMARKS \_\_\_\_\_

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AND APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANTS WARRANTY STATEMENT: I HAVE READ THIS APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO NORTH AMERICAN CAPACITY INSURANCE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I AGREE THAT THIS APPLICATION WILL BE MADE A PART OF THE POLICY, SHOULD NORTH AMERICAN CAPACITY INSURANCE COMPANY EVIDENCE ITS ACCEPTANCE OF THIS APPLICATION BY ISSUANCE OF A POLICY.

X \_\_\_\_\_  
Applicant Signature Date

X \_\_\_\_\_  
Applicant's Agent's Signature Date

Agent Name and Address: \_\_\_\_\_  
\_\_\_\_\_