Golden Bear Insurance Company LIQUOR LAW LIABILITY INSURANCE APPLICATION

App	plicant Name							
Ma	iling Address							
Naı	me and Address of Establishment to be insured							
1.	Applicant is: □ Individual □ Corporation □ Partnership □ Other							
2.	Type of establishment Is there a separate bar area: \(\text{Yes} \) \(\text{No} \)							
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 dateTarget Premium: \$							
6. Has applicant, any officer or partner been declared bankrupt within the last 5 years? ☐ Yes								
	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: \Box Beer \Box Wine \Box 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?							

20. Have any protests, denials, complaints or accusations been made against you as described in "THE ALCOHOLIC BEVERAGE CONTRACT ACT"?	19.	Seating capacity	y: Dining Room _		_; Bar Area _							
21. Has liquor license ever been suspended or revoked?	20.	Have any protests, denials, complaints or accusations been made against you as described in "THE										
If yes, please explain												
22. Number of bartenders:	21.											
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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 \$ □ \$ □ TO □ CURRENT PROJECTED Liquor Sales \$ □ \$ □ TO □ TO □ TO □ TO □ TO □ TO □ T	22.											
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