



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: _____
