

Insured Name: _____ Effective Date: _____

1. Hours of Operation: _____ to _____ Days of the week _____

2. Annual Revenue: _____ Year _____

a. On Premises Revenue: Food _____ Alcohol _____ Other _____ Total _____

b. Alcohol Sales %: Beer _____ % Wine _____ % Liquor _____ % = 100%

3. Do you provide any catering services? Yes No

If Yes, please describe the extent of the services: _____

4. Is the owner active as the Manager? Yes No

5. Describe the Manager's duties and responsibilities: _____

6. Seating capacity: Dining Room _____ Bar _____ Patio _____ Total _____

7. Approximate age mix of customers: <25 yrs. _____ %; 26 – 40 yrs. _____ %; over 40 yrs _____ =100%

8. Number of bartenders: _____; Waitstaff _____; Security/Bouncers; _____

9. Minimum age of employees: _____

10. Live entertainment/DJ/Band? Yes No

How many times a week? _____; Describe music type: _____

11. Do you advertise or promote "Happy Hour" with drink discounts? Yes No

If Yes, please describe: _____

12. Drinks served: two at once by the pitcher over 24 oz. one at a time

13. Are all bartenders and all alcohol servers certified in a formal alcohol training course (TIPs Trained)? Yes No

14. Describe ID checking procedure: _____

15. What are the procedures in place for unruly, violent, intoxicated customers? Please describe: _____

16. What actions are taken to prevent an intoxicated person from driving?

Any "Ride Home" or "Call a Cab" procedures in place? _____

17. Name on the liquor license: _____

18. How long has the applicant had a license for this location? _____

19. Have any liquor licenses held by applicant been suspended or revoked? Yes No

Please provide details: _____

20. Have any fines been paid, citations issued, or any protest/complaints/accusations been made against the application for serving alcohol? Yes No

If Yes, please provide details: _____



21. Does the license cover off premises sales of alcoholic beverages? Yes No

22. Is the applicant in compliance with all state requirements for the serving of alcoholic beverages? Yes No

23. Has applicant had any liquor liability claims at this location or other locations during the last 5 years? Yes No

If so, please provide details: _____

24. Does the applicant have any knowledge of potential liquor liability claims? Yes No

If Yes, please provide details: _____

25. Has the applicant ever been canceled or non-renewed for liquor liability insurance coverage? Yes No

26. Please attach 5 years of hard copy loss runs.

Applicant's Signature: _____

Title: _____ **Date:** _____