



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

LIQUOR LIABILITY APPLICATION

(To be attached to ACORD General Liability application) PLEASE ANSWER ALL QUESTIONS

NAME OF APPLICANT:

Mailing Address:

Location #: Complete a separate application for each location

Web site Address:

Agent Name:

Address:

Proposed Effective Date: From: To:
 12:01 A.M., Standard Time at the address of the Applicant

Limits of Liability Requested:
 \$_____ Each Common Cause
 \$_____ Aggregate

1. Type of risk:

| | | |
|---|---|---|
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> Gentlemen's/Strip Clubs (Prohibited) |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Drive-through Daiquiri Shop | <input type="checkbox"/> Liquor Manufacturer/Microbrewery |
| <input type="checkbox"/> Catering Service | <input type="checkbox"/> Package Store | <input type="checkbox"/> Wholesaler/Distributor |
| <input type="checkbox"/> Comedy Clubs | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Gun Clubs or Lodges (Prohibited) |
| <input type="checkbox"/> Night Clubs | <input type="checkbox"/> Fraternal Clubs (Prohibited) | <input type="checkbox"/> Other (Describe): |
2. Type of ownership: Corporation Individual Partnership Other
3. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your liquor license suspended? Yes No
 If yes, when and why?
4. Name on liquor license: _____ Type of liquor license: _____
5. Square foot area of establishment: _____ (Maximum Occupancy): _____
6. Premises within city limits?..... Yes No
7. Have all servers been through any server training (tips, tops)?..... Yes No
- Type of course: _____
 How often required? _____
 Ride home policy?..... Yes No
8. Number of servers: _____
9. Do servers work on a commission or tips only basis? Yes No
10. Is owner / manager actively involved in the day to day operations?..... Yes No

If yes, how is quantity controlled?

33. Distributor:

Any sponsored events? Yes No

If yes, describe:

Policy for giving away alcoholic beverages by Sponsor? Yes No

If yes, describe:

34. Caterers:

Are clients/guests allowed to mix their own drinks? Yes No

Does caterer provide liquor or bartending service? Yes No

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Fraud Warning: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. I UNDERSTAND THAT LIQUOR LIABILITY IS A SEPARATE COVERAGE PART AND THE LIMITS REQUESTED IN THIS APPLICATION APPLY SOLELY TO LIQUOR LIABILITY COVERAGE AND MAY DIFFER FROM THE GENERAL LIABILITY LIMITS AFFORDED IN MY COMMERCIAL PACKAGE POLICY. I FURTHER UNDERSTAND THAT THE COMPANY IS RELYING UPON STATEMENTS I HAVE MADE IN THIS APPLICATION AS AN INDUCEMENT TO PROVIDE INSURANCE FOR LIQUOR LIABILITY COVERAGE.

Signature Information:

Named Insured's Signature: _____

Date:

Producing Agent's Signature: _____

Date: