

## LIQUOR LIABILITY SUPPLEMENTAL QUESTIONNAIRE

### I. GENERAL INFORMATION

Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### II. BUSINESS OPERATIONS INFORMATION

How long in business at this location? \_\_\_\_\_

Name on license: \_\_\_\_\_ License Number: \_\_\_\_\_

Type of business

- Function Hall   
  Concessionaire   
  Bar/Tavern   
  Private Club   
  Restaurant  
 Off-Premises Caterer   
 Other: \_\_\_\_\_

Does applicant engage in any off-premises operations  Yes  No

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

Estimated Receipts:	Past 12 Months	Next 12 Months
Total Gross Receipts Food:	\$ _____	\$ _____
Total Gross Receipts Alcoholic Beverages:	\$ _____	\$ _____

Are facilities available for private affairs, banquets or receptions?

If yes, number of functions handled annually: \_\_\_\_\_

Describe Types: \_\_\_\_\_

If applicant engages in sale of alcoholic beverages for on-premises consumption and off-premises consumption, provide a breakdown of revenue per exposure:

<u>On Premises</u>	<u>Off Premises</u>
Food Receipts \$ _____	Food Receipts \$ _____
Food Liquor \$ _____	Food Liquor \$ _____

Are dancing and entertainment featured at banquet operations?  Yes  No

Does applicant have regularly scheduled entertainment?  Yes  No

If yes, number of times a year: \_\_\_\_\_

Does applicant have occasional entertainment?  Yes  No

If yes, number of times a week: \_\_\_\_\_

Is dancing permitted?  Yes  No

If yes, size of dance floor: \_\_\_\_\_

If there is any entertainment, describe:

- Disco       Solo Vocalist       Rock & Roll       Band, Number of Members \_\_\_\_\_  
 DJ CI Juke Box/Karaoke       Stage/Floor show, describe: \_\_\_\_\_

Area of total premises: \_\_\_\_\_

Is there a minimum or cover charge?  Yes  No

Annual receipts generated by coverage charge: \_\_\_\_\_

Are there bouncers employed?  Yes  No

Are alcohol-serving employees required to complete a formal alcohol training course?  Yes  No

If yes, name of course (e.g., TIPS, TAM, BEST, etc.): \_\_\_\_\_

Normal hours of operation:

Mon-Thur. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Does applicant have major or minor amusement devices (Including pool tables, darts, shuffleboard, pinball, video machines, etc.)  Yes  No

If yes, please advise number and type: \_\_\_\_\_

Within the past five years has the applicant had insurance cancelled, not renewed, or been refused coverage?  Yes  No

If yes, provide details: \_\_\_\_\_

I understand that the insurance company determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature