

LIQUOR LIABILITY APPLICATION



A DIVISION OF INNOVATION GROWTH PARTNERS SPECIALTY, LLC

Name of Applicant (show all names including legal & dba's)

Location Address:

Mailing Address:

Phone Number:

Email:

Type of alcohol sold / alcohol proof: /

Annual estimated Gross Sales:

1. Liquor License Number:

2. If Name on Liquor License is different than Named Insured as it appears on the policy, please explain:

(Please provide a copy of contract)

Please provide ownership information:

What is the relationship to the Named Insured:

3. Are patrons allowed to bring/carry alcoholic beverages on the premises?

Yes No

If Yes, what kind?

Limit &/or Quantity restrictions? Yes No

If Yes, please explain:

4. Does Named Insured exercise the right of search and seizure of contraband items?

Yes No

If Yes, how is the public made aware?

5. Are written procedures in place which require proof of age from patrons?

Yes No

If Yes, please explain:

Are rules and regulations clearly displayed for patrons' viewing? Yes No

6. Are all alcohol-serving employee certified in a **Formal Alcohol Training Course**?

Yes No

If Yes, what is the name of the training program (i.e; TIPS, TAM, RAMP, BEST):

7. Liquor sales operated by Concessionaire?

Yes No

If Yes, please explain:

Please attach a copy of the certificate of insurance.

Is there a hold harmless agreement in your (insured) favor? Yes No

Violations:

Has applicants' alcohol beverage license ever been revoked, suspended, fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol?

Yes No

If Yes, please explain:

Claims:

Within the past 5 years, has the applicant had any liquor liability claims or notification of potential Liquor Liability claims?

Yes No

If Yes, provide date(s), description of claim(s) and status:

Signing this application does not bind the applicant or the Company to complete the insurance

Applicant Name

SIGNATURE OF APPLICANT

DATE