GENERAL INFORMATION

Today's Date: ____________________________
Named Insured: __________________________
Event Sponsor/Vendor: ____________________
Event Dates: _____________________________

LIQUOR LIABILITY

(Liquor Liability not available in the following states: (AL, DC, VT)

Name Liquor License is in: ____________________________
dba (if applicable): ____________________________
Type of Liquor License: ____________________________
Type(s) of alcoholic beverage sold: ____________________________

Prior Experience

Has your liquor license ever been revoked or suspended? □ Yes □ No
Have you ever been fined by any alcohol regulatory agency? □ Yes □ No
Have you ever incurred a liquor liability claim? □ Yes □ No
Has your liquor liability insurance ever been cancelled or non-renewed? □ Yes □ No

Any "Yes" response requires explanation: ____________________________

Liquor Operations

Anticipated gross liquor sales: $ ____________ Last year's gross sales: $ ____________
Who serves alcohol? □ Employees/Volunteers □ Charitable organizations □ Other
If Other, please explain: ____________________________
Are servers trained in alcohol awareness? □ Yes □ No
If No, please explain: ____________________________
Are procedures and chain of authority established for refusing to serve? □ Yes □ No
If No, please explain: ____________________________
Opening and closing hours of alcohol sales: Open: ________ Close: ________
If alcohol sales are not shut down at least 30 minutes prior to the premises closing, please explain:

Please explain procedures for checking ID: ____________________________
Describe limits on the number of beverages purchased at one time: ____________________________
Are patrons allowed to carry alcoholic beverages onto premises? □ Yes □ No
If Yes, please explain: ____________________________