

SKELTON, CARNEGIE & HITZEMAN

Insurance Specialty Corporation

Phone 888-419-5640

P O Box 440

Fax 888-419-4434

Schererville, IN 46375

LIQUOR LIABILITY APPLICATION

(Please reply to all questions)

APPLICANT INFORMATION	DESIRED EFFECTIVE DATE:
1. Name of Licensee _____ DBA: _____	
2. Mailing Address _____ City _____ State _____ Zip _____	
3. Location of Premises _____ City _____ State _____ Zip _____	
4. Building Owner _____	
5. Building Owner Address _____ City _____ State _____ Zip _____	
6. Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
7. Number of years experience in the alcohol serving business? _____ How long at this location? _____	
8. Is name on Liquor License same as above? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain _____ Type of License: _____ License/Permit number: _____	

TYPE OF OPERATION	
9. I. <input type="checkbox"/> Tavern or bar without entertainment and annual alcohol beverage receipts over \$100,000. II. <input type="checkbox"/> Tavern or bar with entertainment, nightclub, or bowling alley. III. <input type="checkbox"/> Tavern or bar without entertainment and annual alcohol receipts under \$100,000. IV. <input type="checkbox"/> Restaurant (over 50% food), hotel, motel, or private club that serves food. V. <input type="checkbox"/> Private club. (no food) VI. <input type="checkbox"/> Package liquor store, convenience store or gas station. VII. <input type="checkbox"/> Manufacturer, wholesaler, or distributor. VIII. <input type="checkbox"/> Special event. (include supplemental application) IX. <input type="checkbox"/> Other. (describe in detail on separate page)	
10. Do you dispense or provide alcoholic beverages for any events off-premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____	
11. Name of person who keeps the books _____ Phone # _____	
12. Estimated sales: Past 12 months Next 12 months Gross alcohol sales _____ _____ Gross sales (all other) _____ _____	

COVERAGE INFORMATION	
13. Primary limits desired: _____ Each Common Cause Aggregate	
14. Form type: <input type="checkbox"/> Occurrence 15. Is Common Law Coverage Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Previous liquor liability carrier: _____ premium: _____ limits: _____ policy no: _____ effective dates: _____	
Ever been canceled or non-renewed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why? _____	

17. Does the applicant's establishment have any of the following? Check here if none

<input type="checkbox"/> Pinball machines	How many? _____	<input type="checkbox"/> Juke box
<input type="checkbox"/> Video games	How many? _____	<input type="checkbox"/> Dock/Deck area
<input type="checkbox"/> Pool tables	How many? _____	<input type="checkbox"/> Other - describe: _____
<input type="checkbox"/> Dart boards	How many? _____	_____
<input type="checkbox"/> Volleyball courts	How many? _____	_____

18. Does applicant have any entertainment? Yes No
 If yes, check all applicable: _____ Number of nights per week? _____

<input type="checkbox"/> Live Bands If yes, what type? _____	# _____
<input type="checkbox"/> Piano	# _____
<input type="checkbox"/> DJ	# _____
<input type="checkbox"/> Karaoke	# _____
<input type="checkbox"/> Dancers/Topless	# _____
<input type="checkbox"/> Other: _____	# _____

19. Does applicant allow dancing? Yes No If yes, square foot of dance area? _____

20. Any special promotions such as happy hour, 2-for-1 drinks, doubles, etc.? Yes No
 If yes, describe: _____

21. Hours of operation:

	Mon-Thurs.	Friday	Saturday	Sunday
Open:	_____	_____	_____	_____
Close:	_____	_____	_____	_____

22. Latest hour of service allowable by your liquor license? _____

23. Seating capacity: Dining room _____ Bar _____

24. Are facilities rented out for special events? Yes No

25. Number of employees per shift: Mgrs. _____ Bartenders _____ Waitstaff _____

26. Any bouncers or other security persons employed? Yes No If yes, how many? _____

27. Does applicant have an age identification checking system? Yes No Explain _____

28. Are underage patrons allowed on premises? Yes No

29. Average age of clientele? (%) 21-25 _____; 26-30 _____; 31-40 _____; 40+ _____

30. Percent of patrons arriving by auto: _____ %

31. Does applicant require employees to complete an Alcohol Awareness training program? Yes No
 Are there formal procedures for preventing a noticeably intoxicated person from driving? Yes No

32. Does applicant keep a gun on the premises? Yes No

33. Have there been any liquor related claims or incidents in the past 5 years? Yes No
 If yes, provide full details on separate page including: amount paid/reserved, closed/open, carrier, date of incident, claimants, and extent of injuries.

34. Is the applicant aware of any incidents or circumstances that may give rise to a claim? Yes No

35. Has the applicant or any other owner, partner or licensee had a liquor license revoked or suspended in the past? Yes No If yes, provide full details _____

36. Is general liability coverage carried? Yes No If yes, provide the following:
 carrier _____ limits _____ policy period _____ premium _____

NOTICE TO THE APPLICANT

WARRANTY:
 The signing of this application does not constitute a binder of insurance. However, should liability be accepted by this company, the information contained herein shall be the basis of the insurance coverage.

NAME: (print) _____ TITLE: _____

SIGNATURE: _____ DATE: _____

SUBMITTING PRODUCER INFORMATION

NAME: (print) _____

SIGNATURE: _____ DATE: _____