

**All questions must be answered by the applicant. Incomplete or missing answers will cause delays in processing and may cause coverage to be declined. If there are incomplete or missing answers, the application will be returned for completion.**

**SECTION A – GENERAL INFORMATION**

1. Name of Establishment/Applicant:		Telephone:
2. Mailing Address: (Street, City, County, State, Zip)		
3. Name of Contact Person:		Telephone:
4. Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____		
5. Address of location to be covered (if more than one location is to be covered, a separate application for each must be completed).		
6. Number of years establishment has been in business:	7. Number of years owned and operated by applicant:	
8. If new venture, describe prior experience in selling/serving alcoholic beverages:		
9. This establishment is:		
<input type="checkbox"/> Restaurant Only .....		<b>*Complete Sections A, B, F</b>
<input type="checkbox"/> Bar Only .....		<b>*Complete Sections A, B, F</b>
<input type="checkbox"/> Restaurant with Separate Bar.....		<b>*Complete Sections A, B, F</b>
<input type="checkbox"/> Retail Store/Wholesale Distributor .....		<b>*Complete Sections A, C, F</b>
<input type="checkbox"/> Combination Restaurant or Bar and Retail Store .....		<b>*Complete Sections A, B, C, F</b>
<input type="checkbox"/> Country/Private Club.....		<b>*Complete Sections A, B, F</b>
<input type="checkbox"/> Hotel/Motel .....		<b>*Complete Sections A, B, E, F</b>
*Any establishments providing any off-premises catering also complete Section D		
10. Area surrounding premises: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Retail <input type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Downtown		10a. Percentage of patrons arriving and departing by automobile: _____ %
11. Do you hold a valid liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Type of License:	13. Which of the following do you sell? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor
14. At what hour(s) does your establishment open and close? <i>If hours differ per days of the week, please note.</i>		
15. At what hour(s) does your establishment begin selling alcohol?	16. At what hour(s) does your establishment stop selling alcohol?	
17. At what hour(s) does your establishment stop selling food?		
18. Does your establishment have an Alcohol Awareness Training Program for the prevention of alcohol abuse? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete questions a through d.</i>		
a. Name of alcohol awareness program, and most recent completion date: _____		
b. Do all servers of alcohol complete this program within 60 days of hiring?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are interaction and/or intervention skills included in the program? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you provide written policies and procedures to all employees regarding non-service to minors and intoxicated persons? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Last year's Alcoholic Beverage Sales: \$	20. Last year's Food Sales: \$	
21. This year's estimated Alcoholic Beverage Sales: \$	22. This year's estimated Food Sales: \$	
23. Desired Policy Period: From: _____ To: _____	24. Limit of Liability: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$50,000 *Michigan only <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$ _____	

**SECTION A – General Information continued**

25. Previous Carrier:		26. <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made; Retro date: _____	
27. Previous Policy Term: From: _____ To: _____	28. Previous Limit of Liability: \$ _____	29. Previous Policy Premium: \$ _____	
30. Has applicant and/or establishment been charged, cited, fined, or has the liquor license been suspended or business operations closed down by an alcoholic beverage control commission or other government regulator within the last five years? <input type="checkbox"/> No, Have never had any violations <input type="checkbox"/> Yes, Attach complete documentation and explanation			
31. Has applicant and/or establishment had any liquor liability claims or losses within the last five years? <input type="checkbox"/> No, Have never had any claims or losses <input type="checkbox"/> Yes, Attach complete documentation and explanation			
32. Has applicant had either general liability or liquor liability insurance canceled, refused, or non-renewed, within the last five years ( <i>for reasons other than class of risk</i> )? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain:</i> _____			
33. Additional Insureds; Name and address:		Interest:	
a. _____		_____	
b. _____		_____	
c. _____		_____	

**SECTION B – ON PREMISES CONSUMPTION**

1. Does your establishment offer take-out alcoholic beverages and/or food for off-premises consumption?  
 Yes  No

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2. If yes, give this year's estimated receipts:  
Take-out Alcoholic Beverage Sales: \$ \_\_\_\_\_ Take-out Food Sales: \$ \_\_\_\_\_

2a. Are these amounts:  
 included in your estimated annual alcoholic beverage sales shown in Section A, Questions 21. and 22.  
or  in addition to those figures?

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3. Please check any of the following which you employ, and describe their duties.  
 Bouncer  Door person  Host/Hostess  Security Personnel

\_\_\_\_\_

\_\_\_\_\_

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4. Seating capacity of entire establishment? Dining room: _____ Bar: _____	5. Number of bartenders: _____	6. Number of alcoholic beverage servers other than bartenders: _____
7. What are your peak hours? _____	7a. Number of alcoholic beverage servers at peak hours: _____	

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8. Does your establishment offer drink specials?  Happy Hour  Ladies Night  Two for One  
 Drink specials not offered at any time  Doubles  Reduced Prices  
 Other (*describe*): \_\_\_\_\_

\_\_\_\_\_

If any, give hours offered, percentage of price reduction, complimentary food offered, and any other details:  
\_\_\_\_\_

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9. Is any alcoholic beverage ever distributed free of charge? *If yes, under what circumstances?*  
 Yes  No

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10. Does your establishment sponsor special entertainment nights or contests?  
 No special entertainment nights  Holiday parties  Lip sync  Sports/Game nights  
 Male/Female dancers  Dance contests  Karaoke  Other \_\_\_\_\_

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11. How often do the above checked activities take place? (*if applicable*) \_\_\_\_\_

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12. Please check any type of entertainment listed below that your establishment provides now or is contemplating providing in the future:  
 None  Combo  Piano  
 Band  Disc Jockey  Other \_\_\_\_\_

12a. Number of times per week: \_\_\_\_\_

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**SECTION B – On Premises Consumption continued**

13. If music is provided, indicate type below:  
 Country     Popular     Rock 'n Roll     Other \_\_\_\_\_

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14. Is there dancing?  
 Yes     No

15. Dimensions of dance floor(s): \_\_\_\_\_

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16. Does your establishment have pool tables?  
 Yes     No *If yes, #:* \_\_\_\_\_

17. Does your establishment have pinball/video games?  
 Yes     No *If yes, #:* \_\_\_\_\_

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18. *Predominant* age range of patrons:  
 18-25     26-35     Over 35     Family - all ages

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19. Does your establishment provide banquet facilities?  
 Yes     No ***If yes, please complete questions 20. to 28a. If no, skip to next applicable section.***

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20. For banquets, do you provide:  
 separate banquet room(s)     no separate room, use all or part of regular premises

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21. What is the seating capacity for each banquet area?  
 1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_    4. \_\_\_\_\_

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22. Which of the following types of events are your banquet areas used for:  
 Anniversary Parties     Class Reunions     Fund-raisers     Wedding Receptions  
 Benefit Dances     Club Meetings     Funeral Dinners     Other \_\_\_\_\_  
 Business Meetings     Conventions     Sports Events

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23. How often are banquet rooms used on an annual basis?  
 \_\_\_\_\_

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24. Does your establishment always supply the bartender at banquet functions? *If no, explain.*  
 Yes     No

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25. Does your establishment always supply the liquor at banquet functions? *If no, explain.*  
 Yes     No

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26. This year's estimated annual receipts generated from the banquet rooms:  
 Alcoholic Beverage Sales: \$ \_\_\_\_\_ Food Sales: \$ \_\_\_\_\_

26a. Are these amounts:  
 included in your estimated annual alcoholic beverage sales shown in Section A, Questions 21. and 22.  
 or  in addition to those figures?

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27. Can entertainment for banquet functions be brought in by others?    27a. If yes, how often is entertainment brought in by others?  
 Yes     No

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27b. Typically, what type of entertainment is brought in by others?  
 \_\_\_\_\_

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28. When booked for banquet functions, does your establishment stay open later than your normal closing hours?  
 Yes     No

28a. If yes, what is the latest closing time you allow at your establishment?  
 \_\_\_\_\_

**SECTION C – OFF-PREMISES CONSUMPTION**

1. Which term best describes your establishment:  
 Convenience Store     Grocery Store     Package Store     Wholesaler  
 Gas Station     Liquor Store     Supermarket     Other \_\_\_\_\_

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2. Does your establishment offer delivery service of alcoholic beverages?  
 Yes     No ***If yes, please answer the following; if no, skip to next applicable section.***

2a. How often is your delivery service used?    2b. To which customers will you deliver alcohol?  
 \_\_\_\_\_

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2c. Who is authorized to make deliveries for your establishment?  
 Owner only     Manager     Employees over age 21     Any employee

**SECTION D – OFF-PREMISES CATERING**

1. This year's estimated annual off-premises catering receipts:  
 Alcoholic Beverage Sales: \$ \_\_\_\_\_ Food Sales: \$ \_\_\_\_\_

1a. Are these amounts:  
 included in your estimated annual alcoholic beverage sales shown in Section A, Questions 21. and 22.  
 or  in addition to those figures?

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2. Does your establishment provide the bartender for all off-premises catering?  
 Yes     No *If no, explain:* \_\_\_\_\_

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3. Does your establishment provide all of the alcoholic beverages for off-premises catering?  
 Yes     No *If no, explain:* \_\_\_\_\_

### SECTION E – HOTEL/MOTEL

1. Number of rooms:	2. What percentage of restaurant/bar clientele are overnight guests of the hotel? %
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3. Complete the following for each bar area located within your hotel:

a. Name of area:	Number of bartenders:	Liquor receipts: \$	Food receipts: \$
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Entertainment - describe:

b. Name of area:	Number of bartenders:	Liquor receipts: \$	Food receipts: \$
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Entertainment - describe:

c. Name of area:	Number of bartenders:	Liquor receipts: \$	Food receipts: \$
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Entertainment - describe:

### SECTION F – FINAL STATEMENT AND SIGNATURE

1. At the time of signing this application, are you or any officer, director, partner, or any individual who is directly responsible for management of your establishment aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? .....  Yes  No  
If yes, attach complete details.

**2. Signing this application does not bind the company to complete the insurance. If a policy is issued to you, this application will be incorporated into the policy and become part of it. All information requested in this application is considered material and important. If the company agrees to be bound under the terms of this application, your policy is void if you hid any important information from us, mislead us, or attempt to defraud or lie to us about any matter contained in this application. Nothing in this application represents the extent or limits of your coverage. For such information you must read the Coverage Section in your policy.**

<b>Applicant's Signature</b> (including title)	Date
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Agency Name

Agency Address	Telephone Number
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<b>Agent's Signature</b>	Date
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