

HOSPITALITY COVER PLUS+

LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

Legal Entity Name:					
Trading as Name:					
Property Address:					
City:		State:		Zip Code:	
Contact Name:			Contact Number:		
Effective Date:			Expiration Date:		
Name on Liquor License:			Liquor License Number:		
Years in Business:			Years at Location:		
Website:					
Full name of individuals or partners and their interests:					
Please describe the operations on the premises:					
Within the past five years, has any owner, partner, or officer filed for bankruptcy? (Please describe):					
Within the past five years, has the applicant filed an liquor liability claims? (Please describe):					
Within the past five years, has the applicant been cited by the Liquor Control Commission? (Please describe):					
Within the past five years, has the applicant had any insurance carrier cancel, non-renew, or refuse coverage? (Please describe):					
Are facilities available for private affairs, receptions, or banquets? (Please describe):					
Does the applicant engage in any off premises operations? (Please describe):					
Does the applicant have any regularly scheduled entertainment? (Please describe):					
Does the applicant have any amusement devises on the premises, including pool, darts, and video? (Please describe):					
Does the applicant have any consumption promotions, including happy hours? (Please describe):					
Are there any liquor sales for off-premises consumption? (Please describe):					

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Is there a cover charge? (Please describe):			
Are there bouncers or security personnel employed? (Please describe):			
Are patrons allowed to BYOB (bring your own bottle)? (Please describe):			
Previous Experience:	Carrier	Policy Term	Annual Premium
			\$
			\$
			\$
Total Receipts:	Prior Twelve Months		Next Twelve Months
	\$		\$
Total Alcoholic Beverage Receipts:	Prior Twelve Months		Next Twelve Months
	\$		\$
Does the applicant provide any formal alcohol training program (i.e. TIPS, TAM)? (Please describe):			
Are there any liquor sales for off-premises consumption? (Please describe):			
Additional Comments:			
Required for Request of Quotation: <ul style="list-style-type: none"> • Completed Master Insurance Program Application • Completed Liquor Liability Supplemental Application (if necessary) • Completed Tier One Wind Supplemental Application (if necessary) 			
Applicant's Signature:			Date:

Please send all completed documents to:
 Bob Barczak
 T: 888.433.3553 x 624
 F: 410.433.3440 attn: Bob Barczak
 bob.barczak@dii-ins.com