

# Marshall Hotels & Resorts

## Master Insurance Program

### Liquor Liability Supplement

Legal Entity Name:				
Trading as Name:				
Property Address:				
City:		State:		Zip:
Effective Date:	/	/	Expiration Date:	/
Type of Operation(circle):	Individual	Corporation	Partnership	Other: _____
Contact Name:			Contact Number:	
Name on Liquor License:			Liquor License Number:	
Years in Business:	Years at Location:		Website:	

Full Name of Individuals or Partners and Their Interests:

### Operations

Description of Operations:

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Within the past five years, has any owner, partner or officer filed for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe:
Within the past five years, has the applicant filed any Liquor Liability Claims? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe:
Within the past five years, has the applicant been cited by the Liquor Control Commission? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes" describe:
Within the past five years, has the applicant had any insurance carrier cancel, non-renew or refuse coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe:
Are facilities available for private affairs, receptions, or banquets? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe
Does applicant engage in any off premises operations? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe

## Operations Continued

Does applicant have regularly scheduled entertainment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe:
Does applicant have any amusement devices on the premises, including pool, darts, video? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe:
Does applicant have any any consumption promotions, including happy hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe:
Are there any liquor sales for off premises consumption? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe:
Is there a cover charge? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe:
Are there bouncers or security personnel employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe:
Are patrons allowed to BYOB (bring your own bottle)? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe:

## Previous Experience

Carrier	Policy Term	Annual Premium
	Current Policy	\$
	First Prior Year	\$
	Second Prior Year	\$

## Risk Survey

Receipts	Prior Twelve Months	Next Twelve Months
Total Estimated Receipts	\$	\$
Total Alcoholic Beverage Receipts	\$	\$

Please describe any formal alcohol training programs in use, including name of the program (i.e.: TIPS, TAM):

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Please send all completed documents via: FAX: 410.433.3440 attn. Bob Barczak

Bob Barczak can be contacted at:  
Phone: 410.319.0624

Toll Free: 888.433.3553 x 624  
Email: [bob.barczak@dii-ins.com](mailto:bob.barczak@dii-ins.com)