

# HOSPITALITY COVER PLUS+™

## LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

Legal Entity Name:					
Trading as Name:					
Property Address:					
City:		State:		Zip Code:	
Contact Name:		Contact Number:			
Name on Liquor License:					
Liquor License Number:					
Years in Business:		Years at Current Location:			
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 any 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 liquor liability 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 devices on the premises, including billiards, 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):					
Is there a cover charge? (Please describe):					

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Are there bouncers or security personnel? Is security employed by the applicant or by a third party? (Please describe):

Are patrons allowed to BYOB (bring your own bottle)? (Please describe):

Does the applicant provide any formal alcohol training program (i.e. TIPS, TAM)? (Please describe):

	Prior Twelve Months	Next Twelve Months
Total Food Receipts:	\$	\$
Total Alcoholic Beverage Receipts:	\$	\$

Additional Comments:

Required for Request of Quotation:

- Hospitality Cover Plus+ Master Insurance Program Application
- Hospitality Cover Plus+ Employment Practices Liability Supplement, if necessary
- Hospitality Cover Plus+ Liquor Liability Supplement, if necessary
- Five Years of Currently Valued Loss Runs
- Copy of All Policies Currently in Force

Applicant's Signature:

Date:

Please send all completed documents to:

Bob Barczak

T: 888.433.3553 x624

F: 410.433.3440 Attn: Bob Barczak

bob.barczak@dii-ins.com