

BROKERING AGENT'S REGISTER NUMBER #: _____

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

LIQUOR LIABILITY PROGRAM INSURANCE APPLICATION

NEW RENEWAL

Proposed Effective Date: _____ To _____ Policy Number: _____

Applicant/Insured:				
DBA:		Producers Name & Address:		
Address:				
City & State:	Zip:			
Inspection Contact:	Phone:			
Accounting Contact:	Phone:	Agent's 2-20 License #:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Prof Corp.	Years in business: _____
Location 1:	Street: _____	City & State: _____	County: _____	Zip: _____

Business Information:

- Restaurants (30 – 50% Receipts from sales of alcoholic beverages)
- Grocery Store (No Consumption on Premises)
- Convenience Store (No Consumption on Premises)
- Package Store (No Consumption on Premises)
- Additional Insured Yes No

Limits of Liability Desired (CHECK ONE):

100,000 each claim	100,000 each common cause	100,000 aggregate	<input type="checkbox"/>
200,000 each claim	200,000 each common cause	200,000 aggregate	<input type="checkbox"/>
300,000 each claim	300,000 each common cause	300,000 aggregate	<input type="checkbox"/>
500,000 each claim	500,000 each common cause	500,000 aggregate	<input type="checkbox"/>
1,000,000 each claim	1,000,000 each common cause	1,000,000 aggregate	<input type="checkbox"/>

Beer, Wine & Liquors Receipts:

1. Anticipated Receipts: \$ _____
2. Total seating capacity at your establishment: _____
3. Total alcohol receipts in most recent 12 months: _____
4. What is the percentage of Beer and Wine? _____ Percentage of other Liquor: _____
5. Do you have liquor license? Yes No If, yes provide license number: _____
6. Has your liquor license ever been suspended or revoked? Yes No
If Yes, please describe: _____
7. Is there a cocktail lounge on premise? Yes No
8. Do you have any of the following? Happy Hour Yes No Hours: _____
Last Call Yes No Hours: _____
9. Out of the total seats in your establishment, numbers of seats are there at the bar or lounge? _____
10. What is your estimated percentage of patrons arriving and departing by auto? _____
11. What is your estimated percentage of patrons arriving and departing by boat? _____
12. Are there any Bartenders? Yes No If yes, how many? _____
13. Do you employee bouncers? Yes No If yes, how many? _____
14. Have any Liquor Liability claims been reported during the past five (5) years? Yes No
If yes, please describe: _____
15. Have you or any of your employees ever been fined or cited for violations of a law related to sales of alcohol? Yes No
If yes, please give details: _____
16. Have you or any owner, partner, officer or licensee ever had a license revoked, refused, or suspended? Yes No
If yes, please explain: _____
17. Do you have liability insurance covering this business? Yes No
If yes, please provide Company Name: _____

18. Does applicant/insured have written and/or posted instructions on how to handle suspected intoxicated patrons? Yes No
 If yes, please attach copy. If no, completely explain the procedures used when a patron is suspected to being intoxicated:

19. Are employees trained to pay close attention to patron's condition and to enforce strictly all laws pertaining to minors? Yes No

20. Have there been any fights among patrons at this establishment in the past 12 months? Yes No

If yes, please explain: _____

21. Have employees taken any T.I.P.S. (Training of Intervention Procedure for Service Programs) or T.A.M.S. or equivalent? Yes No

If so, number who have completed such programs: _____

22. Does the establishment use employee id checkers? Yes No

23. Are the designated premises within the city limits? Yes No

24. Does applicant allows dancing: Yes No

25. Is this establishment near a college campus or caters to college crowds? Yes No

26. Have the police been called to this establishment in the past 12 months? Yes No

27. Does the establishment have amusement devices? Yes No

If yes, what type: Pool Tables (Amount): _____ Video Machines (Amount): _____
 Other (Describe): _____

28. Does the establishment have entertainment? Yes No

If yes, what type? _____

29. Are the facilities rented for parties, etc.? Yes No

30. Open hours: Mon. - Thurs. _____ Friday: _____ Saturday: _____ Sunday: _____

31. Average Age of Clientele: _____

32. Has agent inspected applicant's premises? Yes No

33. Condition of Risk: Excellent Good Fair Poor

Remark:

Prior Carrier Information:				
	Years	Years	Years	Years
Carrier				
Policy Number				
Limits				
Total Premium				

Loss History:

(Enter all claims or occurrences that might rise to claims for the prior 3 years)

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is () Bound Effective 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a **FELONY** of third degree.

I agree and understand that this application will be made part of the policy when issued.

I understand this application is not a binder indicated as such on this form by the Brokering Agent.

Insured's Signature

Agent's Signature

Date