

New and Renewal Liquor Liability Application

Policy Information			
Named Insured: (as name appears on license)			
D/B/A			
Mailing Address:	City/Town	State	Zip
Premises Address:	City/Town	State	Zip
Applicant is:	<input type="radio"/> Individual <input type="radio"/> Corp <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Other (specify)		
Owner:	FEIN:	Telephone	
Website:	Email:		
Member of Association <input type="checkbox"/>	Name of Association		
Expiration Date of Current Policy	Policy Term Requested: to		
Additional Quote: Include Quote For General Liability <input type="checkbox"/>			
Liquor Renewal <input type="checkbox"/>		Existing Policy Number:	

Classification of Risk		
Class Code	Description:	
11 <input type="checkbox"/>	Manufacturers - including wineries - with or without hospitality rooms	
12 <input type="checkbox"/>	Wholesale distributors - including importers; no consumption on premises	
21 <input type="checkbox"/>	Retail stores - including package stores, markets, and gas stations; No consumption on premises	
31 <input type="checkbox"/>	Bars - night clubs, sports bars and gentleman's clubs greater than 60% liquor	
32 <input type="checkbox"/>	Club - golf, civic, fraternal and social; serving to members and guests	
33 <input type="checkbox"/>	Hotel and motels - including retail sales	
34 <input type="checkbox"/>	Restaurants - liquor sales less than 40% of total food and liquor sales	
35 <input type="checkbox"/>	Restaurant, Pubs and Taverns - liquor sales exceed 40% of total food and liquor sales, but less than 60% liquor	
37 <input type="checkbox"/>	Caterers - based on the number of adult attendees: annual policy	Estimated # of annual adult attendees
38 <input type="checkbox"/>	Temporary Events - based on the number of annual adult attendees, annual policy	Estimated # of annual adult attendees
41 <input type="checkbox"/>	Temporary Events - for single or multi day events, weddings, fairs, parades etc.	Estimated # of annual adult attendees
		# of Days

Policy Limits Requested

<input type="radio"/>	\$50,000 per person/ \$100,000 per occurrence/ \$100,000 aggregate
<input type="radio"/>	\$100,000 per person/ \$200,000 per occurrence/ \$200,000 aggregate
<input type="radio"/>	\$250,000 per person/ \$500,000 per occurrence/ \$500,000 aggregate
<input type="radio"/>	\$500,000 per person/ \$1,000,000 per occurrence/ \$1,000,000 aggregate
<input type="radio"/>	\$1,000,000 per person/ \$1,000,000 per occurrence/ \$2,000,000 aggregate [RECOMMENDED]

Business Sales

	Projected Current Year	Last Year Actual	Cost of Bottle of Domestic Beer
Liquor Sales	\$	\$	\$ 0.00
Food Sales (if none, enter 0)	\$	\$	

Entertainment Information

Are any of the following provided at this premises? (Check all that apply) No Entertainment

Live Entertainment: Bands DJ Karaoke Dancing Exotic Dancing
 Pool Tables Darts Mechanical Bulls Other

Number of Days with Live Entertainment per week _____ Number of Days Open per week _____

Close at or before 8:00 pm

Alcohol Training / Security Training Information

Name of Alcohol Training Program (if applicable) _____

Have 100% of management and 75% of non-management servers been certified? Yes No

Name of Security Training Program (if applicable) _____

Have 100% of management and 75% of non-management servers been certified? Yes No

Optional Endorsements

Assault & Battery without Security Training <input type="checkbox"/>	[RECOMMENDED]								
Assault & Battery with Security Training <input type="checkbox"/>	[RECOMMENDED]								
Property Damage <input type="checkbox"/>	[RECOMMENDED]								
Additional Insured:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Address						
Name	Address								

All New Applicants must Complete Information Below

Has business operated under any other name(s)? If so, please provide prior names:

Has applicant been fined or cited for ABC violations of law or ordinances related to illegal activities or the sale of alcohol?
If yes, please provide: Date: Fine: Penalty Assessed:

Has applicant or any active partner filed for bankruptcy? Yes No

Within the past 5 years has the applicant's General Liability or Liquor Liability coverage been cancelled or non-renewed?
 Yes No **If yes, please provide details.**

Applicants years of experience owning or managing similar type of operation

Prior Coverage History (5 Years History)

Has the applicant had any losses, claims, or Lawsuits in past 3 years? Yes No

If yes, please provide detailed loss explanation.

Prior Carrier Information (past 5 years)

Year	Company	Premium

Restaurant / Tavern / Bar Supplement

Square Footage of Building

Square Footage of Restaurant

Square Footage of Building

Square Footage of Restaurant

Seating Capacity of Restaurant

Seating Capacity of Bar

Number of Apartments (if applicable)

Hours of Operation

Check all that apply:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Stairwells | <input type="checkbox"/> Elevator | <input type="checkbox"/> Escalator(s) | |
| <input type="checkbox"/> Grilling | <input type="checkbox"/> Deep Fat Frying | <input type="checkbox"/> Open Broiling | <input type="checkbox"/> Table-side Cooking |
| <input type="checkbox"/> Valet Parking | <input type="checkbox"/> Off Premises Parking | <input type="checkbox"/> Sq footage of parking lot | |
| <input type="checkbox"/> Catering/Banquet Operations | % of Total Receipts _____ | | |
| <input type="checkbox"/> On Premises | <input type="checkbox"/> Off Premises | <input type="checkbox"/> Any Deliveries? | |

Are adequate Emergency Exits provided and equipped with panic hardware? Yes No

Adequate smoke alarms installed? Yes No

Any other on or off premises exposure not listed above?

Kitchen Fire Protection

Volume of Cooking: None Limited Full

UL 300 approved automatic extinguishing system covering all cooking surfaces? Yes No

If No, please provide details.

Name of System: _____ **Wet** **Dry**

UL 300 system under maintenance contract? Yes No

How often is system serviced?

Payment Option and Deposit Premium	
Check Payment Option. Round all payments to nearest dollar	
<input type="radio"/>	Payment in Full
<input type="radio"/>	Monthly (7) Installments - 20% of estimated policy premium. (5% interest on unpaid balance; NH: \$5 per installment)
<input type="radio"/>	Visa/MC Credit Card Number: X _____ Exp Date: ___/___/___ CVV Code: _____ First Name: _____ Last Name: _____ Street Address: _____ City: _____ State/Zip: _____
Amount To Be Charged \$ _____	

Agent's/Applicant's Certification and Authorized Signatures	
<p>Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent's/applicant's knowledge and belief. By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company's reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant's retail and wholesale purchases of alcoholic beverages.</p>	
Applicant Information:	
Applicant's Name:	Title
School or Dept.	Telephone
33 Digit Billing Code:	Date
Email Address:	
Agent's or Broker's Section	
Name of Agency	Address
Name of Agent	Telephone:
Agent's signature	Fax:
Email Address	Date:

Please email the completed application to risk-services@harvard.edu