



Liquor Liability Supplemental Application

Applicant's Name:

Policy Number:

Effective Date:

Agent:

1. How would you describe your business? Please check all that apply to your business.

Family style restaurant	White linen upscale restaurant
Fast food – take out restaurant	Delicatessen
Bar, tavern, pub	Grocery store
Convenience store	Package or beverage store
Night club	Beverage distributor
Manufacturer or producer of alcoholic beverages	
Other – please describe:	

2. What is your total revenue? \$

3. What is your revenue from the sale of alcoholic beverages? \$

4. Have you ever had any liquor liability claims? Yes No
If Yes, please explain:

5. Has your Liquor Liability Insurance ever been canceled, non-renewed or declined? Yes No
If Yes, please explain:

6. Have you ever been cited for a Liquor Control Board violation? Yes No
If Yes, please explain:

7. What are your hours of operation?

8. Do you provide any live entertainment? Yes No
If Yes, please explain:

9. Do you have any happy hours, two for the price of one, ladies nights or other similar promotions where drinks are offered at a discount? Yes No

If Yes, please explain:

10. Please describe your policies on serving or selling alcoholic beverages to your customers. Please comment on checking ID's, treatment of customers who appear to be intoxicated, arranging for rides home etc.

11. Do you require your servers or sales personnel to be trained in some type of alcohol beverage intervention program such as TIPS? Yes No

If Yes, please explain:

12. How often do you require employees to receive training? (Check all that apply)

When hired Annually Every other year None

Other (please explain):

13. When a patron is refused alcohol is the incident documented? Yes No

14. Do you stop serving meals earlier than you stop serving alcoholic beverages? Yes No

If yes, please explain: