



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

LIQUOR LIABILITY APPLICATION

APPLICANT INFORMATION:

Business Name : _____	Years in Business As: _____
Proprietor Name(s): _____	Years Experience: _____
Mailing Address: _____	Proposed Effective Date: _____
TYPE OF BUSINESS: <input type="checkbox"/> Bar or Tavern <input type="checkbox"/> Beverage/Liquor/Package Store <input type="checkbox"/> Brewery <input type="checkbox"/> Bring-Your-Own Bottle (BYOB) <input type="checkbox"/> Casino <input type="checkbox"/> Concert Hall <input type="checkbox"/> Convenience/Grocery/Supermarket <input type="checkbox"/> Country Club <input type="checkbox"/> Distributor <input type="checkbox"/> Fine Dining <input type="checkbox"/> Fraternal Club <input type="checkbox"/> Fraternity/Sorority <input type="checkbox"/> Gentlemen's Club <input type="checkbox"/> Hall for Rent <input type="checkbox"/> Manufacturer <input type="checkbox"/> Nightclub/Discotheque <input type="checkbox"/> Private Club <input type="checkbox"/> Off-Premises Caterer <input type="checkbox"/> Special Event <input type="checkbox"/> Stadium/Arena <input type="checkbox"/> Standard Restaurant <input type="checkbox"/> Wine Bar <input type="checkbox"/> Winery/Vineyard <input type="checkbox"/> Other: _____	

LOCATIONS TO BE INSURED:

LOC	STREET, CITY, STATE ZIP CODE	TOTAL AREA	% OCCUPIED	OTHER OCCUPANTS

DETAILS OF OPERATION

Days of Operation Per Week: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Hours of Operation: Sunday: _____ to _____ Wednesday: _____ to _____ Saturday: _____ to _____ Monday: _____ to _____ Thursday: _____ to _____ Tuesday: _____ to _____ Friday: _____ to _____
Seating Capacity: Dining Area: _____ Lounge/Bar: _____
Staff: Waitpersons: _____ Bartenders: _____ Kitchen: _____
Average Meal Price: Lunch: _____ Dinner: _____
Average Age of Clientele: <input type="checkbox"/> Under 21 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> Over 50

CURRENT CARRIER INFORMATION

	Liquor Liability	General Liability
Carrier		
Limits		
Deductible		
Premium		
Assault Battery Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , what is the Assault Battery Sublimit	Sublimit: _____	Sublimit: _____

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LOSS HISTORY:

Enter all claims or occurrences that may give rise to claims for the prior 5 years

Check here if none See attached loss Summary

Date of Occurrence	Line	Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open/ Closed

ANNUAL SALES/RECEIPTS:

	Food	Liquor	Catering	Entertainment	Total
LOC #1					
LOC #2					

1. Does the Applicant have a valid liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , name on license: _____ License Number: _____ Name of contact person for inspection/audit: _____ Phone Number: _____ If there are Catering receipts, What percentage is associated with Cash or open bars? _____
2. Has your liquor License ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had any liquor related violations in past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the applicant or majority partner filed for bankruptcy in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are employees permitted to consume alcohol during work hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are employees under the age of 21 permitted to serve or sell alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. If there are Entertainment receipts, what percentage is associated with: Video Games: _____ Pool/Game Tables: _____ Cover Charge: _____ Special Events: _____ If any Special Events, please describe _____ _____ _____
8. Is there a dance floor on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please provide square footage _____
9. Have there ever been any assault & Battery incidents reported in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please describe: _____ _____ _____

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10. Does Risk employ bouncers, security or door persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are any guns or weapons stored on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does risk provide live entertainment? If YES , please describe type and frequency: _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is there a Playground or similar recreational activities at the insured premises? If YES , please describe: _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Any Sports teams sponsored? If YES , please describe: _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are all alcohol serving employees certified in a formal alcohol training course? If YES , please provide name of course (e.g. TIPS, TAM, RAMP, etc.) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is there more than one means of egress from the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the means of egress clearly marked and kept unlocked during business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are signs posted showing proper identification of patrons is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks: _____ _____ _____	

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**



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