



APPLICATION for: LIQUOR LIABILITY

1. Named Insured as it is to appear on policy: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
 Insured Email Address: _____
2. Name Liquor License is in: _____
3. Liquor License Number: _____ Class of License: _____
4. Is coverage for a specific event? Yes No
 If yes, explain what kind of event, where event will be held and date of event(s): _____

5. Opening and closing hours of event(s) (for each event): _____
6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). _____
7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
 If yes, please explain: _____

8. Has applicant incurred claims for liquor liability during the last three years? Yes No
 If yes, please explain: _____

9. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No
 If yes, please explain: _____

10. Type of alcohol beverages sold: _____ What proof: _____
11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
12. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
 If yes, what type? _____
13. Do you maintain security personnel at event entry check points? Yes No
 If yes, what type? _____
14. Do they exercise the right of search and seizure of contraband items? Yes No
 If yes, how do they notify the public of this? _____
15. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No
16. If site is completely enclosed, are minors allowed to enter? Yes No
17. Are the servers professional (two years bartending experience or more)? Yes No
18. Are the servers non-professional (less than 2 years or no bartending experience)? Yes No
 Explain: _____
19. Name the formal awareness training program that the servers receive: _____
20. At what point of sale are I.D.'s checked? _____
21. Are rules and regulations clearly displayed for patrons' viewing? Yes No

- Explain: _____
22. In what size container is the alcoholic beverage served at each event? Cup _____ oz. Pitcher
 Other: _____
23. Can patrons purchase more than two alcoholic beverages at one time? Yes No
 If yes, please explain: _____
24. Is there any type of designated driver program in effect? Yes No
 Explain: _____
25. Is there any other Liquor Liability coverage being provided? Yes No
 If yes, explain and attach a copy of the certificate of insurance: _____
26. Liability limits requested \$ _____ (per occurrence) \$ _____ (aggregate)

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the survey and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature

 Producer Signature (if applicable)

 Applicant's Name (print)

 Producer's Name (print)

 Date (MM/DD/YYYY)

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