



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?
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.
7. Has applicants' alcohol beverage license ever been revoked, suspended or fined?
If yes, please explain:
8. Has applicant incurred claims for liquor liability during the last three years?
If yes, please explain:
9. Has any insurer cancelled or non-renewed coverage during the last three years?
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?
If yes, what type?
13. Do you maintain security personnel at event entry check points?
If yes, what type?
14. Do they exercise the right of search and seizure of contraband items?
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)?
16. If site is completely enclosed, are minors allowed to enter?
17. Are the servers professional (two years bartending experience or more)?
18. Are the servers non-professional (less than 2 years or no bartending experience)?
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?

- 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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