1. Named Insured as it is to appear on policy: __________________________________________
   Telephone Number: (___) ___________________ Fax Number: (___) ___________________
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 Has applicants' alcohol beverage license ever been revoked, suspended or fined?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 | 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? ______________________________________________________________
    Do they exercise the right of search and seizure of contraband items? □ Yes □ No
    If yes, how do they notify the public of this? ________________________________________

14. 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

15. If site is completely enclosed, are minors allowed to enter? □ Yes □ No

(Continued on next page)
16. Are the servers professional (two years bartending experience or more)? □ Yes □ No
   Are the servers non-professional (less than 2 years or no bartending experience)? □ Yes □ No
   Explain: ____________________________________________________________

17. Name the formal awareness training program that the servers receive: _______________________________________________________

18. At what point of sale are I.D.'s checked? __________________________________________________________

19. Are rules and regulations clearly displayed for patrons' viewing? □ Yes □ No
   Explain: ____________________________________________________________

20. In what size container is the alcoholic beverage served at each event? □ Cup _____ oz. □ Pitcher □ Other: __________

21. Can patrons purchase more than two alcoholic beverages at one time? □ Yes □ No
   If yes, please explain: ______________________________________________

22. Is there any type of designated driver program in effect? □ Yes □ No
   Explain: ____________________________________________________________

23. Is there any other Liquor Liability coverage being provided? □ Yes □ No
   If yes, explain and attach a copy of the certificate of insurance: ________________________________

24. 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 application 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

__________________________________________
Applicant's Name (print):

__________________________________________
Date (MM/DD/YY)

__________________________________________
Producer's Signature (If applicable)

__________________________________________
Producer's Name (print):

__________________________________________
Date (MM/DD/YY)

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