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 Has applicants’ alcohol beverage license ever been revoked, suspended or fined?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:

<table>
<thead>
<tr>
<th>Event</th>
<th>Alcoholic Beverage Sales</th>
<th>Food Sales</th>
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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 ☐

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)