K&K INSURANCE

LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy:_____
2. Name of Alcoholic Beverage Licensee:_____
3. Alcoholic Beverage License Number:_____ Class of License: _____
4. Is coverage for a specific event? ❑ Yes ❑ No
5. Opening and closing hours of event(s) (for each event):_____

NOTE: Alcohol sales must cease a minimum of 1/2 hour before event closing

6. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ❑ Yes ❑ No
   If yes, please explain: _____
7. Has applicant incurred claims for liquor liability during the last three years? ❑ Yes ❑ No
   If yes, please explain: _____
8. Has any insurer cancelled or non-renewed coverage during the last three years? ❑ Yes ❑ No
   If yes, please explain: _____
9. Type of alcoholic beverages sold: _____
10. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	$ _____	$ _____
_____	$ _____	$ _____

11. Are patrons allowed to carry alcoholic beverages onto the premises? ❑ Yes ❑ No
12. Do you maintain security personnel at event entry check points? ❑ Yes ❑ No
    Do they exercise the right of search and seizure of contraband items? ❑ Yes ❑ No
13. Are the alcohol sales and consumption contained by fencing within one fixed site? ❑ Yes ❑ No
14. Name the formal awareness training program that the servers receive (e.g. TIPs, TAMs, TABC):_____
15. At what point of sale are I.D.'s checked?_____
16. Are rules and regulations clearly displayed for patrons' viewing? ❑ Yes ❑ No
17. Is there any type of designated driver program in effect? ❑ Yes ❑ No
18. Is there any other Liquor Liability coverage being provided? ❑ Yes ❑ No
    If yes, explain and attach a copy of the certificate of insurance:_____

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

_____ Producer's Signature (if applicable)

_____ Applicant's Name (print)

_____ Producer's Name (print)

_____ Date

_____ Date