NATIONAL GROUP Insurance COMPANY
AN INSURED WORLD

BROKERING AGENT'S REGISTER NUMBER #: _____

(IMPORTATNT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERD COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHINIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

LIQUOR LIABILITY PROGRAM INSURANCE APPLICATION

[ ] NEW [ ] RENEWAL

Proposed Effective Date: _____ To _____ Policy Number: _____

Applicant/Insured:				
DBA:				Producers Name & Address:
Address:				
City & State:		Zip:		
Inspection Contact:		Phone:	( ) -	
Accounting Contact:		Phone:	( ) -	Agent's 2-20 License #:
[ ] Individual	[ ] Partnership	[ ] Corporation	[ ] Non-Prof Corp.	Years in business: _____
Location 1:	Street: _____	City & State: _____	County: _____	Zip: _____

Business Information:

[ ] Restaurants (30 – 50% Receipts from sales of alcoholic beverages)
[ ] Grocery Store (No Consumption on Premises)
[ ] Convenience Store (No Consumption on Premises)
[ ] Package Store (No Consumption on Premises)
Additional Insured [ ] Yes [ ] No

Limits of Liability Desired *(CHECK ONE)*:

100,000 each claim	100,000 each common cause	100, 000 aggregate	[ ]
200,000 each claim	200,000 each common cause	200,000 aggregate	[ ]
300,000 each claim	300,000 each common cause	300,000 aggregate	[ ]
500,000 each claim	500,000 each common cause	500,000 aggregate	[ ]
1,000,000 each claim	1,000,000 each common cause	1,000,000 aggregate	[ ]

Beer, Wine & Liquors Receipts:

1. **Anticipated Receipts:** $ _____
2. Total seating capacity at your establishment: _____
3. Is there a cocktail lounge on premise? [ ] Yes [ ] No
4. Do you have any of the following? Happy Hour [ ] Yes [ ] No Hours: _____
   Last Call [ ] Yes [ ] No Hours: _____
5. Out of the total seats in your establishment, numbers of seats are there at the bar or lounge? _____
6. What is your estimated percentage of patrons arriving and departing by auto? _____
7. What is your estimated percentage of patrons arriving and departing by boat? _____
8. Do you employee bouncers? [ ] Yes [ ] No If yes, how many? _____
9. Have any Liquor Liability claims been reported during the past five (5) years? [ ]Yes [ ] No
   If yes, please describe: _____
10. Have you or any of your employees ever been fined or cited for violations of a law related to sales of alcohol? [ ] Yes [ ] No
    If yes, please give details: _____
11. Have you or any owner, partner, officer or licensee ever had a license revoked, refused, or suspended? [ ] Yes [ ] No
    If yes, please explain: _____
12. Do you have liability insurance covering this business? [ ] Yes [ ] No
    If yes, please provide Company Name: _____
13. Does applicant/insured have written and/or posted instructions on how to handle suspected intoxicated patrons? [ ] Yes [ ] No
    If yes, please attach copy. If no, completely explain the procedures used when a patron is suspected to being intoxicated:
    _____
14. Are employees trained to pay close attention to patron's condition and to enforce strictly all laws pertaining to minors? [ ] Yes [ ] No

15. Have there been any fights among patrons at this establishment in the past 12 months? [ ] Yes [ ] No

If yes, please explain: _____

16. Have employees taken any T.I.P.S. (Training of Intervention Procedure for Service Programs) or T.A.M.S. or equivalent? [ ] Yes [ ] No

If so, number who have completed such programs:

17. Does the establishment use employee id checkers? [ ] Yes [ ] No

18. Are the designated premises within the city limits? [ ] Yes [ ] No

19. Does applicant allows dancing: [ ] Yes [ ] No

20. Is this establishment near a college campus or caters to college crowds? [ ] Yes [ ] No

21. Have the police been called to this establishment in the past 12 months? [ ] Yes [ ] No

22. Does the establishment have amusement devices? [ ] Yes [ ] No

If yes, what type: Pool Tables (Amount): _____ Video Machines (Amount): _____

Other (Describe): _____

23. Does the establishment have entertainment? [ ] Yes [ ] No

If yes, what type? _____

24. Are the facilities rented for parties, etc.? [ ] Yes [ ] No

25. Open hours: Mon. – Thurs. _____ Friday: _____ Saturday: _____ Sunday: _____

26. Average Age of Clientele: _____

27. Has agent inspected applicant's premises? [ ] Yes [ ] No

30 Condition of Risk: [ ] Excellent [ ] Good [ ] Fair [ ] Poor

Remark:

Prior Carrier Information:				
	Years	**Years**	**Years**	**Years**
Carrier				
Policy Number				
Limits				
Total Premium				

Loss History:

(Enter all claims or occurrences that might rise to claims for the prior 3 years)

Check here if none [ ]

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open	
			[ ] Yes	[ ] No
			[ ] Yes	[ ] No
			[ ] Yes	[ ] No

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is ( ) Bound Effective 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy…"
Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a FELONY of third degree.

I agree and understand that this application will be made part of the policy when issued.
I understand this application is not a binder indicated as such on this form by the Brokering Agent.

_____ Insured's Signature

_____ Agent's Signature

_____ Date