



Wesco Insurance Company.  
55 Capital Blvd, PO Box 758  
Rocky Hill, CT 06067

Producer Name _____
Address _____
_____
Phone Number _____ Fax Number _____
Producer Code _____

LIQUOR LIABILITY APPLICATION

THIS APPLICATION ONCE SIGNED BY THE NAMED INSURED AND PRODUCER WILL BECOME PART OF THE POLICY.

INSTRUCTIONS: ALL QUESTIONS MUST BE ANSWERED. IF THE ANSWER TO A QUESTION IS NONE, STATE "NONE". THE APPLICATION MUST BE SIGNED AND DATED BY THE OWNER, PARTNER OR OFFICER. READ THE STATEMENTS AT THE END OF THIS APPLICATION.

NEW  RENEWAL  If renewal, please provide expiring policy number \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_ DBA \_\_\_\_\_

2. Individual  Partnership  LLC  Corporation  Other

3. Type of Business: Banquet Hall  Bar/Tavern  Restaurant  Hotel/Motel  Take-out Store  Private Club  
Concessionaire  Wholesale Distributor  Fraternal Club  Country Club

4. Mailing address \_\_\_\_\_

- Location 1 : \_\_\_\_\_
- Location 2: \_\_\_\_\_
- Location 3: \_\_\_\_\_
- Location 4: \_\_\_\_\_

5. How long in business at location 1    2    3    4    Prior location \_\_\_\_\_

6. Name on license: \_\_\_\_\_ License Number: \_\_\_\_\_

7. Type of license: Full liquor  Beer and Wine Only  Other  Describe \_\_\_\_\_

8. Is licensee the same at all locations? Yes  No  If, no please provide information

- Location 2 Name on license: \_\_\_\_\_ License Number \_\_\_\_\_
- Location 3 Name on license: \_\_\_\_\_ License Number \_\_\_\_\_
- Location 4 Name on license: \_\_\_\_\_ License Number \_\_\_\_\_

9. Are operations seasonal? Yes  No  If yes what season: \_\_\_\_\_

10. Days/Hours of operation: M  T  W  TH  FR  SAT  SUN

11. Has Owner, Partner or Officer filed bankruptcy in the last five years? Yes  No  If yes describe \_\_\_\_\_

12. Name and Address of bookkeeper: \_\_\_\_\_ Phone \_\_\_\_\_

13. Estimated Receipts:

Past Year: Total Gross Food Receipts \_\_\_\_\_ Total Gross Alcoholic Beverages Receipts \_\_\_\_\_

Next Year: Total Gross Food Receipts \_\_\_\_\_ Total Gross Alcoholic Beverages Receipts \_\_\_\_\_

Banquet, reception etc Food Receipts \_\_\_\_\_ Alcoholic Beverages Receipts \_\_\_\_\_

Estimated annual number of Banquet operations, private affairs or receptions \_\_\_\_\_ Describe \_\_\_\_\_

14. Any off premises operations: Yes  No  If yes describe \_\_\_\_\_

On Premise Food Receipts \_\_\_\_\_ On Premises Liquor Receipts \_\_\_\_\_

Off Premise Food Receipts \_\_\_\_\_ Off Premises Liquor Receipts \_\_\_\_\_

15. Receipts from Cover Charges: \_\_\_\_\_ Minimum Coverage Charge: \_\_\_\_\_

16. Entertainment

Disco	Y <input type="checkbox"/> N <input type="checkbox"/>	Juke Box	Y <input type="checkbox"/> N <input type="checkbox"/>	Pool Tables	Y <input type="checkbox"/> N <input type="checkbox"/>
Rock & Roll	Y <input type="checkbox"/> N <input type="checkbox"/>	Solo Vocalist	Y <input type="checkbox"/> N <input type="checkbox"/>	Darts	Y <input type="checkbox"/> N <input type="checkbox"/>
Topless Go Go	Y <input type="checkbox"/> N <input type="checkbox"/>	Band	Y <input type="checkbox"/> N <input type="checkbox"/>	Pinball	Y <input type="checkbox"/> N <input type="checkbox"/>
DJ	Y <input type="checkbox"/> N <input type="checkbox"/>	Stage/Floor Show	Y <input type="checkbox"/> N <input type="checkbox"/>	Video Games	Y <input type="checkbox"/> N <input type="checkbox"/>
Dancing	Y <input type="checkbox"/> N <input type="checkbox"/>	Gambling	Y <input type="checkbox"/> N <input type="checkbox"/>	Mechanical Bull	Y <input type="checkbox"/> N <input type="checkbox"/>
Robo Surfer	Y <input type="checkbox"/> N <input type="checkbox"/>	Virtual Reality	Y <input type="checkbox"/> N <input type="checkbox"/>	Computers	Y <input type="checkbox"/> N <input type="checkbox"/>

If you answered yes to any of the above, please provide detail on attached sheet. (i.e. Number of times a year)

17. Are Amusement devices in a separate & distinct area from bar / dining area? Yes  No

18. Bouncers employed No  Yes  If yes number of bouncers \_\_\_\_\_

19. Total Square feet of Premises \_\_\_\_\_ Size of Dance Floor: \_\_\_\_\_

20. Are alcohol serving employees required to complete a formal alcohol training course Yes  No  If yes provide name of course \_\_\_\_\_

21. Past claims history

A. List previous liquor liability carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

B. Was it a claims made form? Yes  No

C. Has coverage been cancelled, non-renewed or denied in the past? Yes  No

D. Is applicant aware of any incident, occurrence, accident or situation that might give rise to a claim involving

liquor liability Yes  No  If Yes explain \_\_\_\_\_

E. Has applicant submitted any claims in past 5 years regarding Liquor liability coverage? Yes  No  If, yes explain \_\_\_\_\_

F. Has risk been cited or fined by a government agency including Liquor Control Commission for any violations? Yes  No  If yes explain \_\_\_\_\_

21. EXCESS LIQUOR LIABILITY ONLY

**IMPORTANT: ATTACH COPY OF PRIMARY POLICY TO THIS APPLICATION**

Primary carrier: \_\_\_\_\_ Effective dates: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Does Primary contain an Annual Aggregate Limitation? Yes  No   
Does Aggregate Limit apply per Location? Yes  No   
Is Primary policy form: \_\_\_\_\_ Occurrence \_\_\_\_\_ Claims Made  
Limits of Excess Insurance Desired: \_\_\_\_\_ Each Common Cause / \_\_\_\_\_ Aggregate  
in excess of: \_\_\_\_\_ Each Common Cause / \_\_\_\_\_ Aggregate

22. Limits of Liability Requested: \$ \_\_\_\_\_ Each Common Cause \$ \_\_\_\_\_ Policy Aggregate

23. Deductible: \_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy. I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

Named Insured Signature Date

Producing Agent Signature Date

Agent Name Agent License Number  
(Applicable to Florida Agents Only.)

