LIQUOR LIABILITY

01 / APPLICANT AND EXPOSURE PROFILE

Complete all applicable fields. Use Unknown or N/A as needed. Attach extra pages for multiple locations or schedules.

1. Applicant and contact

Legal applicant / business name

DBA / entity type

Primary contact / title

Phone / email

Mailing address / City / State / ZIP

Website / year established

Requested effective date

Annual gross revenue

Employee count / annual payroll

Describe the business, operations, customers, locations, and states / countries involved:

2. Initial exposure questions

Any sale, service, manufacture, or distribution of alcohol? Select

Any live entertainment, dancing, security staff, or special events? Select

Any assault, altercation, liquor violation, or alcohol-related claim? Select

Any delivery, off-premises service, or catering involving alcohol? Select

Explain Yes / Unknown answers and any unusual exposures:

Provide current values and limits where available. These questions are an intake guide, not a carrier application.

3. Details for Liquor Liability

Location / establishment type

Liquor license type / number / expiration

Annual alcohol / food / other sales

Alcohol % of total sales

Hours / latest closing time

Seating / maximum occupancy

Entertainment / events / frequency

Security employees / contractor

Requested limits / deductible

License holder / named insured

Current carrier / policy dates

Special event dates / venue if applicable

4. Controls and supporting detail

Server training and responsible beverage-service procedures? Select

IDs checked and age verification documented? Select

Written procedure for refusing service to intoxicated patrons? Select

Incident log and security procedures in place? Select

No unlimited-drink promotions or drinking games? Select

Contracted security carries insurance and written agreements? Select

Describe operations, service practices, events, entertainment, licensing, and any prior violations.

Availability, eligibility, and terms depend on underwriting. Additional carrier applications may be required.

5. Current and prior insurance

Current carrier (or None)

Policy number

Effective / expiration dates

Current limit / deductible / retention

Current annual premium (if applicable)

Requested changes / target limit

6. Claims, losses, or circumstances

Any relevant claim, loss, or demand in the past 5 years? Select

Any open dispute, investigation, known incident, or threatened claim? Select

Any cancellation, nonrenewal, declined application, or coverage lapse? Select

For each Yes: date, event, amount paid / reserved, current status, and corrective action. Attach details if needed.

7. Supporting documents

- [ ] Liquor license copy
- [ ] Sales breakdown
- [ ] Server training records
- [ ] Security / event contracts
- [ ] Five-year loss runs
- [ ] Violation / claim details

Send completed forms and documents to info@mad-insurance.com. Do not include passwords, payment details, or SSNs.

I confirm the information is true and complete to the best of my knowledge. This questionnaire does not bind or change coverage. Carrier forms, underwriting, and approval may be required.

Applicant typed name / title

Date