



Max Specialty

# LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

AGENCY INFORMATION

1. **APPLICANT INFORMATION** EFFECTIVE DATE: \_\_\_\_\_
- NAME: \_\_\_\_\_
- STREET ADDRESS: \_\_\_\_\_
- CITY, STATE, ZIP: \_\_\_\_\_
- TELEPHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_
- TERM: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ NEW VENTURE:  YES  NO
2. **DESCRIPTION AND LOCATION OF LICENSED PREMISES: (NO OTHER LICENSED PREMISES ARE COVERED UNLESS ACCEPTED BY THE COMPANY AND SHOWN ON THE POLICY, FOR AN ADDITIONAL CHARGE.)** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. **NUMBER OF YEARS OWNED/OPERATED LICENSED:**
- \_\_\_\_\_
5. **NAME, ADDRESS, AND PHONE NUMBER OF LICENSEE: (IF DIFFERENT THAN APPLICANT)**
- \_\_\_\_\_
6. **LIMITS REQUESTED:**  
(NOTE: GENERAL AGGREGATE LIMIT **MUST** EQUAL EACH COMMON CAUSE LIMIT AND **NOT** EXCEED GENERAL LIABILITY OCCURRENCE LIMIT.)
- EACH COMMON CAUSE LIMIT \$ \_\_\_\_\_
- AGGREGATE LIMIT \$ \_\_\_\_\_
7. **HOURS AND DAYS OF OPERATION:** \_\_\_\_\_
8. **AVERAGE AGE OF CUSTOMERS:** \_\_\_\_\_
9. **ESTIMATED ANNUAL RECEIPTS: (THEY WILL BE AUDITED)**
- ALCOHOLIC BEVERAGES \$ \_\_\_\_\_
- FOOD & NON-ALCOHOLIC BEVERAGES \$ \_\_\_\_\_
- OTHER (E.G. ENTERTAINMENT, ADMISSIONS, AMUSEMENTS) \$ \_\_\_\_\_
10. **DESCRIBE TYPE AND FREQUENCY OF ENTERTAINMENT: (IF THERE IS DANCING INCLUDE AREA OF DANCE FLOOR.)**
- \_\_\_\_\_

11. IF APPLICABLE, DESCRIBE TYPE AND NUMBER OF AMUSEMENT DEVICES:

\_\_\_\_\_

12. HOURS AND DAYS OWNER OR FULL-TIME MANAGER IS ON DUTY:

\_\_\_\_\_

13. WHAT TYPE OF INTOXICATION AWARENESS TRAINING DO YOU REQUIRE: (E.G. TIPS)

\_\_\_\_\_

14. LIQUOR LIABILITY LOSS EXPERIENCE (3 YRS. MIN.) SHOW ALL INCIDENTS, EVEN IF NOTHING WAS PAID:

YEAR	CARRIER	LIMITS	PREMIUM	DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT INCURRED

15. HAS THE LIQUOR LICENSE EVER BEEN SUSPENDED OR LINCENSEE BEEN FINED FOR A LIQUOR LAW VIOLATION IN THE LAST THREE (3) YEARS:

NO     YES    EXPLAIN: \_\_\_\_\_

16. HAS ANY PRIOR/CURRENT LIQUOR LIABILITY POLICY OR COVERAGE BEEN DECLINED,CANCELLED OR NON-RENEWED WITH-IN THE PAST THREE (3) YEARS:

NO     YES    EXPLAIN: \_\_\_\_\_

17. COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE (REQUIRED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENT S NAME