



LIQUOR LIABILITY APPLICATION

Phone: (989) 695-5770 Fax (989) 625-1326 www.fsgeneral.com

Maximum limits \$100,000/300,000 (if higher limits desired refer to founders applications)

APPLICANT NAME AND ADDRESS AS APPEARS ON LICENSE						
LICENSE TYPE <input type="checkbox"/> C <input type="checkbox"/> SDM <input type="checkbox"/> SDD <input type="checkbox"/> CLUB <input type="checkbox"/> OTHER		DESIRED POLICY PERIOD FROM _____ TO _____		APPLICANT IS <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE <input type="checkbox"/> OTHER _____		
MAXIMUM CAPACITY _____	DANCE FLOOR _____ SQ FT	AVERAGE CLIENT AGE _____	OPERATING HOURS AM <input type="checkbox"/> AM <input type="checkbox"/> FROM _____ PM <input type="checkbox"/> TO _____ PM <input type="checkbox"/> DAYS PER WEEK			
OWNER ACTIVE DAILY MANAGEMENT YES <input type="checkbox"/> NO <input type="checkbox"/>	MANAGER YEARS EXPERIENCE _____	# OF ALCOHOL SERVERS _____	# T.I.P.S., T.A.M.S OR EQUIVALENT COMPLETED _____	<input type="checkbox"/> BAR <input type="checkbox"/> RESTAURANT <input type="checkbox"/> OTHER _____		DRIVE-THRU YES <input type="checkbox"/> NO <input type="checkbox"/>
CONTACT NAME AND TELEPHONE						
LIQUOR LICENSE NUMBERS:						

ENTERTAINMENT						
IS ENTERTAINMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE: <input type="checkbox"/> DANCING <input type="checkbox"/> BAND <input type="checkbox"/> DISC JOCKEY <input type="checkbox"/> TOPLESS <input type="checkbox"/> OTHER _____	HOW MANY DAYS PER WEEK?				
IS DANCING ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE: <input type="checkbox"/> ROCK AND ROLL <input type="checkbox"/> COUNTRY WESTERN <input type="checkbox"/> OTHER _____					
ARE THERE AMUSEMENT DEVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE: <input type="checkbox"/> VIDEO GAMES <input type="checkbox"/> POOL TABLES	HOW MANY? _____	<input type="checkbox"/> OTHER _____			
DOES THE INSURED EMPLOY BOUNCERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY?					

CLAIMS HISTORY	
HAS THE ESTABLISHMENT IN THE PAST 3 YEARS EVERY BEEN CITED BY THE MLCC FOR VIOLATIONS OF THE LIQUOR LAW? IF YES, EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS LIQUOR LIABILITY COVERAGE EVER BEEN CANCELLED OR DECLINED IN THE LAST 3 YRS? IF YES, EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS THE APPLICANT OR ESTABLISHMENT HAD ANY CLAIMS OR SUITS PRESENTED, OR KNOW OF ANY INCIDENTS THAT COULD LEAD TO A CLAIM? IF YES, GIVE FULL DETAILS OR CIRCUMSTANCES, INCLUDING PAYOUTS AND RESERVES ON EACH CLAIM. <input type="checkbox"/> YES <input type="checkbox"/> NO	

PRIOR / CURRENT LIQUOR LIABILITY CARRIER INFORMATION --- THIS SECTION MUST BE COMPLETED				
FROM (MM/YY)	TO (MM/YY)	COMPANY	LIMITS	PREMIUM \$

FOOD RECEIPTS		BEER, WINE, AND LIQUOR RECEIPTS	
LAST YEAR \$	ANTICIPATED \$	LAST YEAR \$	ANTICIPATED \$

LIMITS OF LIABILITY		HAS PRODUCER INSPECTED PREMISES? IF YES, CONDITION:	
OCCURRENCE \$	AGGREGATE \$	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD

AGENCY	
NAME	AGENT NAME
TELEPHONE	FAX

INSURED'S SIGNATURE _____

DATE _____