

COLONY SPECIALTY INSURANCE LIQUOR LIABILITY APPLICATION

General Agent:		
Insured:		Date:
Liquor Receipts(Liquor coverage is available only in o	_ Limit of Liabil conjunction with GL)	ity Requested:
Type of Business:		
☐ Bar/Tavern	Caterer/Hall	☐ Hotel Motel
☐ Bowling Alley	Club	Restaurant
☐ Bed and Breakfast	Golf Club	☐ Special Event
Convenience Store	☐ Grocery Store	
Other: If other than above, plea	se describe	
Prohibited		
 Risks with bouncers or em Armed security other than Firearms on premises (oth Establishments open past Any prior license revocation Any risk with contact sport Mechanical rides or devices Risks without formal alcoh 	ner than certified peace office 2 a.m. ons ts, athletic games or contest es nol awareness training (TIPS	cers)
Safety:		
Yes No Does the applicant p	rovide security? Armed?	Unarmed?Subcontracted?
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	en or ID checkers?	

General Info	ormation:	
☐ Yes ☐ No	Has Applicant operated the business at this location for at least 3 years. If not, what is	
	applicant's prior experience?	
☐ Yes ☐ No	Has insurance previously been cancelled for non-payment of premium?	
(Gen'l Info que	stions cont'd on next page)	
\square Yes \square No	Has establishment received fines, citations, or suspensions?	
\square Yes \square No	Does Applicant hold all applicable licenses & permits as required by law?	
\square Yes \square No	Is Liquor training provided for active owners, managers, and employees?	
\square Yes \square No	Is risk located in one of the following states: HI; IA; MI; MN & NM (Coverage Prohibited)	
\square Yes \square No	Is risk located in close proximity to a college or university, or does risk have a reputation as a	
	college hangout?	
☐ Yes ☐ No	Does the Applicant provide live entertainment?	
☐ Yes ☐ No	Does the Applicant provide exotic dancing	
☐ Yes ☐ No	Is this a Gentlemen's Club?	
☐ Yes ☐ No	Is there a cover charge?	
Describe all los	ses in the past 3 years:	
Describe an ioc	ses in the past 5 years.	
I hereby cer	tify that all information is accurate to the best of my knowledge.	
Applicant Signa	ature: Date:	
Producer Signa	ture: Date:	

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