

Desired Policy Period: _____ to _____

Location Information:

Location Number: _____

DBA Name: _____

Licensee/Corp. Name: _____

Does applicant have a current liquor license? Yes No

If not, has applicant applied for a liquor license? Yes No

Type of License: _____ LCC Business ID # (MI Only): _____

FEIN: _____ or License # (All Other States): _____

Mailing Address

Street: _____ City: _____ State: _____ Zip: _____

Location Address

Street: _____ City: _____ State: _____ Zip: _____

County: _____ Number of years in business: _____ Number of years at this location: _____

If applicant has been in business less than two years, please provide detail on related experience for new owner or management:

Applicant operates as:

Restaurant

Grocery/Convenience/Liquor Store

Bar/Tavern

Grocery/Convenience/Beer & Wine Store

Microbrewery/Brew Pub

Winery

Bowling Center

Tasting room? Yes No

Golf Course

Distillery

Private Club/Fraternal Organization

Tasting room? Yes No

Caterer/Banquet Hall

Manufacturer/Distributor

Night Club

Other (Please Describe) _____

Gentleman's Club

Hours of operation:

Monday _____ to _____

Friday _____ to _____

Tuesday _____ to _____

Saturday _____ to _____

Wednesday _____ to _____

Sunday _____ to _____

Thursday _____ to _____

Description of Business Operations: _____

Alcohol Receipts: _____ Food/Other Receipts: _____

The following section applies to ALL classes of business, including grocery/convenience/liquor stores

Number of alcohol servers or clerks employed: _____

Number who have completed a State-approved alcohol awareness training program, such as T.I.P.S., T.A.M. or BASSETT

within the past three years: _____ Name of program: _____

Has at least one supervisory staff person per shift been trained? Yes No

Does this establishment utilize an ID scanner or other Point-of-Sale age verification device? Yes No

If yes, what type of device? _____ Is there a "Ride Home" Policy? Yes No

Describe the procedures in place to regulate the sale of alcohol to minors and persons under the influence

Entertainment: Yes No Juke Box: Yes No

Band Type of music: _____ Number of days per week _____

DJ Type of music: _____ Number of days per week _____

Dance Floor If yes, is it elevated? _____ Number of days per week _____

Comedy Acts Number of days per week _____

Theater Performances Number of days per week _____

Other (please describe) Number of days per week _____

If this is a theater or concert venue, what is the seating capacity? _____

Amusement Devices: (check all that apply)

None

Dart Boards # _____

Pool Tables # _____

Mechanical Bull

Other (please describe) _____

If alcohol receipts include sales for on-premise consumption as well as packaged sales for off-premise consumption, or sales for distribution/wholesale only (for example wineries, microbreweries, distilleries, etc.) , please provide a breakdown of those sales:

On-premise consumption (poured/bottled): _____

Off-premise consumption (packaged product for consumption off-premise): _____

Sales for distribution/wholesale only (not sold on-premise): _____

Limits Of Liability Desired

\$50,000 each common cause, \$50,000 annual aggregate (MI Only)

\$100,000 each common cause, \$100,000 annual aggregate

\$300,000 each common cause, \$300,000 annual aggregate

\$500,000 each common cause, \$500,000 annual aggregate

\$1 MIL each common cause, \$1 MIL annual aggregate

* Limits over \$300,000 may be available on a selective basis

Prior/Current Liquor Liability Carrier Information

Please Provide Minimum Of Three Years Currently Valued Loss Runs (Five Preferred)

Policy Period	Company	Limits	Premium
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From _____ to _____

G/L Carrier: _____ W/C Carrier: _____

G/L Limits: _____ Is Assault and Battery Excluded? Yes No

Assault and Battery Sub-Limits (If Any): _____

History

Has the establishment ever been cited by the Liquor Control Commission for violations of the liquor law?

Yes No

If yes, give date, details, penalties, etc. _____

Has Liquor Liability coverage ever been cancelled?

Yes No

If yes, give dates, details, etc. _____

Has the applicant or establishment had any claims or suits presented, or known of any incidents that could lead to a claim?

Yes No

If yes, give date(s), details/circumstances, including any payments and reserves for each claim, etc. _____

Supplemental Questions

- | | | | |
|---|-----|----|----------------|
| 1. Does the insured employ bouncers? | Yes | No | Not Applicable |
| If yes, are they armed? | Yes | No | Not Applicable |
| 2. Are firearms kept or carried on the premises? | Yes | No | Not Applicable |
| 3. Does the insured offer valet service? | Yes | No | Not Applicable |
| 4. Is there a cover charge? | Yes | No | Not Applicable |
| 5. Is the risk located on or near a college campus? | Yes | No | Not Applicable |
| 6. Are employees permitted to consume alcohol during their shift? | Yes | No | Not Applicable |
| 7. Does this establishment allow B.Y.O.B.? | Yes | No | Not Applicable |
| 8. Does this establishment allow drinking games (i.e. beer pong)? | Yes | No | Not Applicable |
| 9. Are mosh pits/stage diving/use of pyrotechnics allowed during or as a part of the entertainment? | Yes | No | Not Applicable |
| 10. Does this establishment have volleyball courts, softball diamonds, horseshoe leagues, etc? | Yes | No | Not Applicable |

If yes, provide details: _____

11. Does this establishment host or allow activities such as M.M.A. fights, cage fighting or other similar activities?

Yes No Not Applicable

If yes, please provide details: _____

Financials

Fill in financial information for the past three years as requested below

1. Fiscal Dates (month & year)	_____	_____	_____
2. Beer, Wine & Liquor Sales	\$ _____	\$ _____	\$ _____
3. Food Sales	\$ _____	\$ _____	\$ _____
4. Total	\$ _____	\$ _____	\$ _____
5. Cover Charge	\$ _____	\$ _____	\$ _____

Property Coverage Information

If property coverage is not desired, check here:

1. Are written closing procedures in place assigning responsibility for the turning off of all cooking equipment and the proper disposal of trash and soiled linens?

Yes No

2. Type of wiring: Copper Aluminum Knob & Tube Fuses Circuit Breakers

Cooking Hazard Information

List All Cooking Devices:

Type	Number	Type	Number	Type	Number
Broaster		Broiler		Charcoal Grill	
Grill		Oven		Range	
Microwave		Pizza Oven		Fryer	
Smoker		Table Side Cooking		BBQ Pit	

a. Is solid fuel used with any cooking devices? (excluding wood or charcoal) Yes No

If yes, please explain: _____

b. Do automatic extinguishing systems cover all cooking surfaces? Yes No Wet Dry UL-300

System Name: _____

Maintenance Contract Schedule (# of months): _____

Maintenance Contractor: _____

c. Are automatic gas or electric shut offs used for cooking equipment? Yes No

d. Are BC or K extinguishers available in the kitchen? Yes No

e. Is all cooking equipment free from grease accumulation? Yes No

f. Are hoods and ducts over all cooking surfaces? Maintenance contract schedule. (# of months) Yes No

Maintenance contractor: _____

Hoods and filters cleaned weekly by staff? Yes No

Type of filters in exhaust hood: Baffle Mesh None

General Liability Information

If General Liability coverage is not desired, check here:

b. Is applicant responsible for care/maintenance of parking lot? Yes No

c. What is the building's legal capacity as established by fire marshal or fire department? _____ Persons.

d. Number of exits: _____ Are all exits marked with exit signs? Yes No

e. Are all exits equipped with panic door hardware? Yes No

If "No", are all exits kept unlocked during business hours? Yes No

f. Are changes in elevation (i.e. stairs, ramps, etc.) properly marked and lighted? Yes No

h. Does the applicant have "No Firearms Allowed" signs posted in their establishment? Yes No

Workers Compensation

Class codes/Payroll per code:

Class Codes	Payroll	# of Employees Per Code

Does the applicant provide delivery? Yes No If Yes: What is the percentage of delivery receipts? _____%
What is the minimum age allowed to deliver _____
Are MVR's reviewed at hire & annually? At Hire Annually
Is there a specific driver criteria in place? Yes No
Maximum radius of travel? _____

Has Agent inspected applicants premises? Yes No

If yes, condition of risk: Excellent Good Fair Poor

Agent

Insured

Signature: _____

Signature: _____

Agency Name: _____

Title: _____

Address: _____

Date: _____

Phone: _____

Phone: _____

CPA/Accountant: _____

Address: _____

Phone: _____

FRAUD WARNING

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

In the District of Columbia, Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Completion of this application does not bind coverage or commit the company to policy issuance.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Return to submissions@mackadmin.com

(810) 844-8106