



Hospitality Insurance Group  
 106 Southville Road  
 Southborough, MA 01772  
 HMIC.com  
 877-366-1140

## Liquor Liability Application: RENEWAL

<b>POLICY INFORMATION</b>		<b>POLICY #</b> <input style="width: 150px; height: 20px;" type="text"/>
Named Insured: _____		
D/B/A: _____		<input type="radio"/> Same as Named Insured
Mailing Address: Any changes? _____		
Premises Address: Any changes? _____		
Member of Association: <input type="checkbox"/>	Name of Association: _____	
Policy Term Requested: from _____ to _____	Limits Requested: _____ / _____ / _____	
Additional Quote: Include Quote for General Liability <input type="checkbox"/> (Please Attach ACORDs 125 & 126)		
Additional Location(s) <input type="checkbox"/> (Please attach additional app per location)		

<b>CLASSIFICATION OF RISK</b>	
For the following classes, please provide the additional information noted below. <b>For all other classes, please continue to Section III Business Sales.</b>	
<b>37</b>	<b>BYOB</b> - based on annual number of adult attendees; on-premises consumption <b>Estimated # of annual adult attendees:</b> _____
<b>37</b>	<b>Caterers</b> - based on the number of adult attendees, annual policy <b>Estimated # of annual adult attendees:</b> _____
<b>38</b>	<b>Annual Temporary Events</b> - based on the number of annual adult attendees, annual policy <b>Estimated # of annual adult attendees:</b> _____

BUSINESS SALES *	Projected	Last Year Actual	*SALES VERIFICATION DOCUMENTATION OPTIONS
Liquor Sales - On Premises Consumption	\$ _____	\$ _____	<input type="checkbox"/> Print out of the insured's POS system for the past 12 months
Liquor Sales - Off Premises Consumption	\$ _____	\$ _____	<input type="checkbox"/> MassConnect – MA Online Sales Tax form for the past 12 months (MA Only)
Food Sales - On Premises Consumption	\$ _____	\$ _____	<input type="checkbox"/> Accounting statement for the past 12 months (signed by licensed accountant)
Food Sales - Off Premises / Catering	\$ _____	\$ _____	<input type="checkbox"/> Pro Forma business plan (new ventures only)
Price Of Domestic Bottle Of Beer: \$ _____			

<b>BUSINESS OPERATIONS / ENTERTAINMENT / ALCOHOL TRAINING / SECURITY TRAINING INFORMATION</b>	
Are employees permitted to consume alcohol on the applicant's premises, prior to, during or after their shift ends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any bouncers, door persons or security used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they: <input type="checkbox"/> Company Employee <input type="checkbox"/> Contracted
Any changes in entertainment? _____	
Name of Alcohol Training Program (If Applicable): _____	
Have 100% of management & 75% of non-management servers been certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Security Training Program (If Applicable): _____	
Have 100% of management & 75% of non-management servers been certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### OPTIONAL ENDORSEMENTS

GL Assault & Battery Endorsement   
Property Damage Endorsement

**I decline to purchase General Liability Assault & Battery Coverage**   
General Liability Assault & Battery coverage is an optional endorsement that provides coverage for assault & battery acts that occur when there is no allegation of the serving of alcohol. (I.E., Security staff is accused of committing and A&B on a patron.) Please consult your independent insurance agent for any additional explanation.

Additional Insured: Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

### CITATIONS AND / OR HEARINGS

Has applicant had any citations or hearings with their local liquor licensing board?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT OPTION & DEPOSIT PREMIUM

#### Check Payment Option

- Payment in Full
- Monthly (7) Installments (available only if total policy premium >\$1,000) - **20% deposit of the estimated policy premium required**

#### Check Payment Type (round all payments to nearest dollar)

- Credit Card (Visa / MasterCard) - **Please complete the attached Credit Card Authorization Form**

Amount to be charged: \$ \_\_\_\_\_

- Check - **Copy of check must be sent to bind coverage**

### AGENT'S / APPLICANT'S CERTIFICATION & AUTHORIZED SIGNATURES

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent's/ applicant's knowledge and belief. By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company's reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant's retail and wholesale purchases of alcoholic beverages.

#### 1. APPLICANT'S SECTION

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Fed ID# / Soc. Sec. #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

#### 2. AGENT / BROKER'S SECTION

Name of Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agent's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

## Credit Card Authorization Form

*Please complete this form if paying by credit card.*

### YOUR INFORMATION:

#### Billing Address

First Name:

Last Name:

Street Address:

City:

State/ZIP:

### CARD INFORMATION:



Card Number:

Expiration Date:

CVV Code:

**A fee of \$25 will be assessed on all policy reinstatements and returned checks. The applicant also understands, agrees and promises to pay all costs of collection, including reasonable fees, which may be incurred in the collection.**