



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

Liquor Liability Application: RENEWAL

All fields marked with an asterisk () are required for processing.

Policy Information

POLICY #

Named Insured: _____

D/B/A: _____

Mailing Address: Any changes? _____

Premises Address: Any changes? _____

*Email Address of Insured: _____ Current member of Association?

Policy Term: from _____ to _____ Occupancy Capacity: _____

Additional Quote: Include Quote for General Liability (Please attach Acords 125 & 126)
 Additional Location(s) (Please attach additional app per location)

*Hours of Operation: Earliest Hour Open _____ Latest Hour Open _____ *Limits Requested: _____ / _____ / _____

Classification of Risk

For the following classes, please provide the additional information noted below. **Schedule of completed events with attendee counts from past 12 months is required.**

- 37 **BYOB** – based on annual number of adult attendees: on-premises consumption
 Estimated # of annual adult BYOB: _____
- 37 **Caterers** – based on annual number of adult attendees, annual policy, off premises consumption
 Estimated # of annual adults served: _____
- 38 **Annual Temporary Events** – based on the number of annual adult attendees, annual policy.
 Estimated # of annual adult attendees: _____

For all other classes, please continue to Business Sales Below.

*Business Sales	Projected	
Liquor Sales - On Premises Consumption	\$ _____	Written alcohol serving policy in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Liquor Sales - Off Premises Consumption	\$ _____	
Food Sales - On Premises Consumption	\$ _____	
Food Sales - Off Premises Consumption (Includes takeout food)	\$ _____	
Price of Domestic Bottle of Beer \$ _____		
*Sales Verification Documentation Options:		
Print out of POS system for the last 12 months <input type="checkbox"/>		
MassConnect – must provide % of liquor and food sales <input type="checkbox"/>		
Accounting statement for past 12 months, signed by licensed Accountant <input type="checkbox"/>		
Pro Forma business plan (new ventures only) <input type="checkbox"/>		

Business Operations/Entertainment/Alcohol Training/ Security Training Information

Are employees permitted to consume alcohol on the applicant's premises, prior to, during or after shift ends? Yes No
 Are there any bouncers, door persons or security used? Yes No If Yes, are they a Company Employee or Contracted
 Any changes in Entertainment? Yes No If Yes, indicate changes: _____
 Have 100% of management and servers been certified? Yes No Name of alcohol training program: _____
 Have 100% of management and servers been certified? Yes No Name of security training program: _____

***Optional Endorsements - Assault & Battery Endorsement – Select Sub limits below**

\$100,000/\$200,000/\$200,000 \$300,000/\$600,000/\$600,000 (*applicable to RI only*)
 \$250,000/\$500,000/\$500,000 \$500,000/\$1,000,000/\$1,000,000 \$1,000,000/\$1,000,000/\$2,000,000

Insured will receive a premium discount if Insured has General Liability Coverage with Hospitality Insurance Group or with another carrier if General Liability Coverage includes Assault & Battery coverage (proof of coverage is required for discount if GL is written with carrier other than HIG.) **Attach copy of CGL dec page with forms listing from current carrier.**

I decline to purchase Assault & Battery Coverage Property Damage Endorsement Terrorism

Additional Insured applicable to Liquor Policy:

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

Citations and/or Hearings

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

If yes, please provide details: _____

***Third Party Exclusion Acknowledgement**

I acknowledge the liquor liability policy has an Exclusion for Third Party or Contracted Security. Anyone that I hire (other than my employees) are not covered under this policy. We will have no duty to defend or to pay damages for any claims or suits seeking damages. In order to protect your interests, you need to be added to your third party or contracted security companies insurance policy as an additional insured.

***Insured Signature:** _____ **Date:** _____

PAYMENT OPTION & DEPOSIT PREMIUM

Check a Payment Option - PAY YOUR BILL ONLINE at www.HMIC.com. All major credit cards and e-checks accepted.

- Payment in Full
- Monthly (7) Installments (available only if total policy premium >\$1,000) 25% deposit required
For Insureds located in MA, RI, PA, NC and CT
 A finance charge of 1.25% of the remaining balance is applied per installment.
For Insureds located in New Hampshire or Vermont
 A \$10.00 installment fee is applied per installment.
- Pay as you pour – financed premium through First Insurance Funding (FIF). Selecting this option authorizes Hospitality to provide FIF with your information to provide a quote.

***Agents/ Applicants 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 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.

Applicant Section

Applicants Name: _____ Title: _____

Phone: _____ Email: _____

***Applicant's Signature:** _____ **Date:** _____

Agent/Broker Section

Name of Agency: _____ Name of Agent: _____

***Agent's Signature:** _____ Email: _____

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 material or 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.