



LIQUOR LIABILITY APPLICATION

1. Legal Name: _____ Doing Business As: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Website: _____ Contact Person: _____

2. Name Liquor License is in: _____ Liquor License Number: _____
 Class of License: _____ Is coverage for a specific event? Yes No
 If yes, explain what kind of event, where event will be held and date of event(s): _____

3. Opening and closing hours of event(s) (for each event): _____

4. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing):

5. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
 If yes, please explain: _____

6. Has applicant incurred claims for liquor liability during the last three years? Yes No

7. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No

8. Type of alcoholic beverages sold: _____

9. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____

10. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
 If yes, what type? _____

11. Do you maintain Security personnel at event entry check points? Yes No
 If yes, what type? _____

12. Does Security exercise the right of search and seizure of contraband and items? Yes No
 If yes, how do they notify the public of this? _____

13. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No

WSIB Motorsports Insurance, 950 W Monroe St. Suite G200, Jackson, MI 49202
www.wsibinsurance.com

It is understood that the Insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted.



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If site is completely enclosed, are minors allowed to enter? Yes No

14. Are the servers professional (two years bartending experience or more)? Yes No

15. Are the servers' non-professional (less than 2 years or no bartending experience)? Yes No

If Yes, Explain: _____

16. Name the formal awareness training program that the servers receive: _____

17. At what point of sale are ID's checked?: _____

18. Are rules and regulations clearly displayed for patrons' viewing? Yes No

19. What size container is the beverage served in? Cup _____ oz. Pitcher Other: _____

20. Can patrons purchase more than two alcoholic beverages at one time? Yes No

If yes, please explain: _____

21. Is there any type of designated driver program in effect? Yes No

If yes, please explain: _____

22. Is there any other Liquor Liability coverage being provided? Yes No

If yes, explain and attach a copy of the certificate of insurance: _____

I understand that the insured company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

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