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Application for Liquor Liability
This liquor liability coverage is only available in addition to the general liability.**

a division of JD Fulwiler & Co. Insurance
5727 SW Macadam Avenue Portland, OR 97239
877.305.5040 | www.eventinsurancenow.com

**Stand alone liquor liability is NOT available.**

**Applicant Information**
Name of applicant:

Federal Employer ID Number:

Street Address:

City, State, Zip:      ,      ,

Phone Number:       Email Address:

Length of time in this or similar business:

Total receipts from alcoholic beverages: $

Receipts by type: Beer:$      Wine:$      Liquor:$

Do you hold a retail liquor license or special permit to SELL alcohol? [ ] Yes [ ] No

Other license (describe):

Is liquor sold for on premises consumption only? [ ] Yes [ ] No

If no, provide details:

Do you have a “happy-hour,” “two-for-one,” or other types of special promotions?

[ ] Yes [ ] No If yes, please describe and indicate frequency:

**Event Information**

Dates of event:       Opening and closing hours:

Seating capacity:       Bar area seating capacity:

Number of bartenders:       Number of waiters/waitresses:

Is there a formal written program to require proof of age from minors or avoid selling alcohol to intoxicated persons? [ ] Yes [ ] No

If yes, person responsible for its enforcement:

How is this communicated at the party:

Do employee hiring practices include background reference checks including a police record check? [ ] Yes [ ] No If yes, describe:

Describe what type of alcohol awareness training your employees receive…

When hired:       On a scheduled and on-going basis:

Are employees permitted to drink alcohol while working? [ ] Yes [ ] No

If yes, explain:

Are servers required to be licensed by the state or local government? [ ] Yes [ ] No

If yes, explain:

Has your liquor liability insurance ever been cancelled, declined, or non-renewed?

[ ] Yes [ ] No If yes, explain:

Has your liquor license ever been suspended or revoked? [ ] Yes [ ] No

If yes, explain:

Have any claims arising out of the serving of alcoholic beverages been paid or reported during the preceding five years? [ ] Yes [ ] No If yes, explain:

Prior liquor liability insurance carried? [ ] Yes [ ] No

If yes, name of insurance company:

Limit of Liability:       Deductible amount:

*This application must be signed by the applicant. If the insured is a corporation, this must be signed by an executive officer of the corporation. If the insured is a partnership, it must be signed by a partner. If the insured is an individual, it must be signed by that individual.*

**Applicant Signature:**

**Printed Applicant Name:
Date:**

**Broker Information *(if applicable)***

Agency Name:

Representative:
Email:

Phone Number:

**PLEASE FAX OR EMAIL THE COMPLETED FORM WITH A COPY OF YOUR POLICY TO:**

**email: events@eventinsurancenow.com | fax: 503.977.5848**