TOPA INSURANCE COMPANY

LIQUOR LIABILITY APPLICATION

(Please complete a separate application for each location)

Applicant & Mailing Address						Date
Location Address					Producer	
Individual ☐	Partnership ☐	Corporation ☐	Joint Venture ☐	Other ☐	Name on liquor license and number	
Type of operation: Bar/Tavern ☐ Club ☐ Restaurant ☐ Store ☐ Other (Explain)						
Type of liquor sold Beer ☐ Wine ☐ Liquor ☐	Population of Area				Area Industrial/commercial ☐ Residential ☐ Rural ☐	
Clientele: Residents/Workers ☐ Tourist ☐ Other (Explain)						
Experience under present ownership? Yr. Mon.	If less than three years, explain prior experience?					
Has applicant's liquor license ever been suspended? Yes ☐ No ☐ If yes, explain.						
Is there any? Dancing? Yes ☐ No ☐ Nude dancing or waitress ☐ No ☐						
Describe entertainment or activities other than consumption of alcohol that occur?						
Explain any special promotions? Happy Hour Yes ☐ No ☐ Ladies Night? Yes ☐ No ☐ Similar promotions? Yes ☐ No ☐ Explain item checked Yes:						
Bouncers Yes ☐ No ☐	Number of: Waitress(s) _____ Bouncers_____ Bartender(s) _____ Other_____				Formal safety program conducted/employee training Yes ☐ No ☐	
Explain fully procedure for handling intoxicated patrons:						
Any claims made within the last Five (5) years? Yes ☐ No ☐	If yes, explain:					
Prior Carrier:	Limits: $				Premium; $	
Current General Liability Carrier:	Limits: $				Premium: $	
Gross sales? Liquor: $	Food: $			Other: $		
Policy Term From To	Limit of liability: $ Aggregate					
Additional Insureds? Yes ☐ No ☐	If yes, name and address?					
Person to contact for Inspection:					Phone:	
Applicant Signature Date				Producer Name & Signature Date		

TIC-2001