

GRANADA INSURANCE COMPANY



LIQUOR LIABILITY Program Insurance Application

| | | |
|---------------------------|--------------|---|
| CARRIER: GRANADA INS. CO. | UNDERWRITER: | DATE: |
| PRODUCER | PHONE: | QUOTE <input type="checkbox"/> BOUND <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> |
| ADDRESS: | | POLICY NUMBER: |
| PRODUCER CODE | PRODUCER ID | EFF DATE: ___/___/___ EXP DATE: ___/___/___ |
| | | PREMIUM: \$ _____ POLICY FEE: \$25.00 |
| | | TOTAL PREMIUM: \$ _____ |

APPLICANT INFORMATION

NAME (First Named Insured and Other Insured): _____
 MAILING ADDRESS: _____
 CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

INDIVIDUAL PARTNERSHIP CORPORATION LICENSE # _____ YEARS IN BUSINESS # _____

INSPECTION CONTACT: _____ PHONE () _____

PREMISES INFORMATION

LOC # 1 : STREET: _____ CITY: _____ COUNTY: _____ STATE: FL ZIP: _____

LOC # 2 : STREET: _____ CITY: _____ COUNTY: _____ STATE: FL ZIP: _____

BUSINESS INFORMATION

DESCRIPTION OF OPERATIONS

NEIGHBORHOOD TAVERN

RESTAURANTS-(30- 50% RECEIPTS FROM SALES OF ALCOHOLIC BEVERAGES)
 RESTAURANTS-(0- 29% RECEIPTS FROM SALES OF ALCOHOLIC BEVERAGES)

HOTELS-MOTELS WHOLESALE OR DISTRIBUTOR (NO SALES TO THE PUBLIC)

GROCERY STORE (NO CONSUMPTION ON PREMISES) SUPERMARKET (NO CONSUMPTION ON PREMISES)

CONVENIENCE STORE (NO CONSUMPTION ON PREMISE) PACKAGE STORE (NO CONSUMPTION ON PREMISES)

COVERAGE / LIMIT OF LIABILITY

DESIGNATED INSURED PREMISES

OCCURRENCE FORM

\$100,000 EACH COMMON CAUSE/AGGREGATE \$ 500,000 EACH COMMON CAUSE/AGGREGATE
 \$300,000 EACH COMMON CAUSE/AGGREGATE RECEIPT/SALES \$ _____

ADDL. INS. NAME: _____

ADDRESS: _____

OPERATION / MANAGEMENT INFORMATION

1. HAS THE APPLICANT OR ANY OWNER, PARTNER, OFFICER OR LICENSEE INCURRE ANY CLAIMS/LOSSES FOR LIQUOR LIABILITY IN THE PAST 3 YEARS? YES NO
 IF YES, EXPLAIN: _____
2. HAS PARTNER, OFFICER, LICENSEE OR APPLICANT EVER BEEN FINED OR CITED FO VIOLATIONS OF A LAW ORDINANCE RELATING TO SALES OF ALCOHOL? (AFTER HOURS, MINOR, ETC.) YES NO
 IF YES, EXPLAIN: _____
3. DOES THE APPLICANT ALSO HAVE LIABILITY INSURANCE COVERING THIS BUSINES YES NO
 IF YES: COMPANY NAME _____ EXP. DATE ___/___/___
4. HAVE THERE BEEN ANY FIGHT AMONG PATRONS AT THIS ESTABLISHMENT IN THE PAST 12 MONTHS? YES NO
 IF YES, EXPLAIN: _____

5. DOES THE APPLICANT PROVIDE ANY FORMAL TRAINING OR GUIDANCE FOR EMPLOYEES WITH RESPECT TO HANDLING OF MINORS OR INTOXICATED CUSTOMERS? YES NO
6. DOES APPLICANT HAVE ANY PROMOTIONAL EVENTS? YES NO
 IF YES, EXPLAIN: HAPPY HOUR LADIES' NIGHT OTHER _____
7. HAS THE APPLICANT OR ANY OWNER, PARTNER, OFFICER OR LICENSEE EVER HAD A LICENSE REVOKED, REFUSED, OR SUSPENDED? YES NO
 IF YES, EXPLAIN: _____
8. DOES THE ESTABLISHMENT USE/ EMPLOYEE BOUNCERS? YES NO
9. DOES THE ESTABLISHMENT USE/ EMPLOYEE ID CHECKERS? YES NO
10. IS THE DESIGNATED PREMISES WITHIN THE CITY LIMITS? YES NO
11. DOES APPLICANT ALLOW DANCING? IF YES, HOW MANY DAYS OF THE WEEK? # _____ YES NO
12. IS THIS ESTABLISHMENT NEAR A COLLEGE CAMPUS OR CATERS TO COLLEGE CROWD? YES NO
13. HAS THE POLICE BEEN CALLED TO THIS ESTABLISHMENT IN THE PAST 12 MONTHS? YES NO
14. DOES ESTABLISHMENT HAVE AMUSEMENT DEVICES? YES NO
 IF YES, what type: POOL TABLES # _____ VIDEO MACHINES # _____
 OTHER (DESCRIBE) _____
15. DOES ESTABLISHMENT HAVE ENTERTAINMENT? YES NO
 IF YES, what type: _____
16. ARE THE FACILITIES / ESTABLISHMENT RENTED OUT FOR PARTIES ETC. YES NO
17. YEARS IN BUSINESS AT THIS LOCATION # _____
18. NORMAL OPEN / CLOSING HOURS: MON.-THURS. _____ FRI. _____ SAT. _____ SUN. _____
19. AVERAGE AGE OF CLIENTELE _____
20. WHAT IS THE SEATING CAPACITY? _____
21. NUMBER OF BARTENDERS _____
22. NUMBER OF WAITERS / WAITRESSES _____

REMARKS:

PRIOR CARRIER INFORMATION

| CATEGORY | YEARS | YEARS | YEARS | YEARS |
|---------------|-------|-------|-------|-------|
| CARRIER | | | | |
| POLICY NUMBER | | | | |
| LIMITS | | | | |
| TOTAL PREMIUM | | | | |

LOSS HISTOR

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 3 YEARS
 CHECK HERE IF NONE

| DATE OF OCCURRENCE | TYPE OF OCCURRENCE | AMOUNT PAID | CLAIMS OPEN | YES | NO |
|--------------------|--------------------|-------------|-------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? YES NO

IF YES, EXPLAIN: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S SIGNATURE _____ DATE _____
 PRODUCER'S SIGNATURE _____ DATE _____

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.