

▼ DONALD GADDIS CO., INC.

WHOLESALE INSURANCE BROKERAGE

Send to: submissions@gaddiscompany.com
(312)853-0071 | www.gaddiscompany.com

LIQUOR LIABILITY APPLICATION

AGENCY

REQUESTED EFFECTIVE DATE

LIC#

1. a. Michigan Liquor License: _____
(Exactly as appears on license)

b. Doing business as: _____

c. Type of liquor license: _____ C _____ SDD _____ SDM _____ Other _____
(Specify)

d. Liquor License Number(s): _____

2. a. Mailing address: _____

b. Location of premises: _____

c. Telephone number: (____) _____

d. Name of person to contact: _____

3. License is: _____ Individual _____ Corporation _____ Partnership _____ Other _____
(Specify)

4. Description of operations: _____

5. Limits of liability requested:

\$50,000 per occurrence / \$50,000 annual aggregate \$500,000 per occurrence / \$500,000 annual aggregate

\$100,000 per occurrence / \$100,000 annual aggregate \$1,000,000 per occurrence / \$1,000,000 annual aggregate

\$300,000 per occurrence / \$300,000 annual aggregate Higher limits, please specify _____

LAST YEAR

ANTICIPATED

6. Annual ALCOHOLIC BEVERAGE RECEIPTS _____

Annual FOOD RECEIPTS _____

Annual GROSS RECEIPTS _____

7. How long have you been in business at this location? _____

8. a. Total area of establishment: _____

b. Total public area: _____

c. Total lounge area: _____

9. Hours of operation

MON/THURS

FRI/SAT

SUN

Restaurant/Tavern _____

Bar/Lounge _____

Kitchen _____

Store _____

10. Describe your patrons: _____

(Over/Under 30, Professional, Families, Single, Students, Blue Collar, Tourists, etc.)

11. Name, date of hire, years of experience of all managers: _____

12.a. Total number of employees: _____

- b. Number of alcoholic beverage servers/sellers: _____
- c. How many alcoholic beverage servers/sellers have been hired in the last twelve months? _____
- d. Do you require alcohol awareness and server training of your servers/sellers? YES NO
- If yes, please describe and provide certification _____

13. ALCOHOLIC BEVERAGE SERVING/SELLING PRACTICES:

	YES	NO	PLEASE DESCRIBE
Id Verification procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Designated Driver program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alternative Transportation Program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Police Notification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Incident Recording Program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Automatic Drink Measurement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

14. ENTERTAINMENT:

	YES	NO	IF YES, HOW OFTEN?		YES	NO	IF YES, HOW MANY?
Band	<input type="checkbox"/>	<input type="checkbox"/>	_____	Big Screen T.V.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dart Games	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disc Jockey	<input type="checkbox"/>	<input type="checkbox"/>	_____	Juke Box	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drink Specials	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pinball	<input type="checkbox"/>	<input type="checkbox"/>	_____
Piano Player	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pool Table	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vocalist	<input type="checkbox"/>	<input type="checkbox"/>	_____	Video Games	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special Promotions	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

15. Are your facilities used for special events, weddings, banquets, etc.? YES NO
16. Previous liquor liability insurance company _____
- Policy period _____ Limits of liability _____ Premium _____

17. Has the Liquor Control Commission cited your establishment within the last five years? YES NO
- If yes, explain in detail _____

18. Fully describe ALL liability claims, incidents, or lawsuits arising from the operation of your establishment within the last five years.

19. a. Name of Accountant / Bookkeeper: _____
- b. Location of records: _____

The signing of this application does not constitute the binding of insurance. The information contained herein shall be used by the company to offer, price, or reject coverage. Should an offer of coverage be accepted by applicant, this information shall be the basis of the insurance contract. I agree to make available records for audit by Benchmark Management Group, LLC for the determination of actual gross receipts.

(Date)

(Applicants Signature)