

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

FAIR LIQUOR LIABILITY SUPPLEMENT

Legal Name of Applicant: _____
dba (if applicable) _____

Name Liquor License is in: _____
Type Liquor License: _____
Type(s) of alcoholic beverage sold: _____

PRIOR EXPERIENCE

Has your liquor license ever been revoked or suspended? Yes No
If yes, please explain: If yes, please explain: _____
Have you ever been fined by any alcohol regulatory agency? Yes No
If yes, please explain: If yes, please explain: _____
Have you ever incurred a liquor liability claim? Yes No
If yes, please explain: If yes, please explain: _____
Has your liquor liability insurance ever been cancelled or non-renewed? Yes No
If yes, please explain: If yes, please explain: _____

LIQUOR OPERATIONS

Anticipated gross liquor sales: _____ Last year's gross sales: \$ _____
Who serves alcohol? Employees/Volunteers Charitable organization Other
If other, please explain: _____
Are servers trained in alcohol awareness? Yes No
If no, please explain: _____
Opening and closing hours of alcohol sales: Open: _____ Close: _____
If alcohol sales are not shut down at least 30 minutes prior to the premises closing, please explain: _____

Please explain procedures for checking ID: _____

Describe limits on the number of alcoholic beverages purchased at one time: _____

Are patrons allowed to carry alcoholic beverages onto premises? Yes No
If yes, please explain: _____

I hereby certify that the information provided herein is true and correct. I understand that this supplement will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed