

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

LIQUOR LAW LIABILITY SUPPLEMENT

Name of Applicant: _____

Location to be covered (if more than one location to be covered, a separate application for each location must be Completed): _____

Type of Establishment: Restaurant Only Bar Only Country Club
 Restaurant with separate bar Private Club Hotel/Motel
 Other (describe): _____

Type of Liquor license: _____

Is catering ever provided by this establishment? Yes No If yes, describe _____

At what hour does establishment open and close? _____

At what hour does establishment begin serving alcohol? _____

At what hour can alcohol no longer be purchased? _____

Seating capacity? Dining Room _____ Bar _____

Is there a bouncer? Yes No If yes, describe duties _____

Is there a doorman or woman? Yes No If yes, describe duties _____

Any security personnel on premises? Yes No If yes, describe _____

Is there anyone hired to oversee activities of establishment? Yes No If yes, describe _____

Percent of patronage arriving and departing by automobile? _____% Number of bartenders _____

Number of employees other than bartenders serving alcoholic beverages: _____

Number of servers formally trained in the prevention of alcohol abuse: _____ Please attach training certificates.

Number of servers at peak hours? _____ What are the peak hours? _____

Area surrounding premises: Downtown Suburban Commercial Shopping Center

Residential/Commercial Industrial Rural Resort Seasonal

Please check any type of entertainment listed below that your establishment may provide now or is contemplating providing in the future: None Disc Jockey Band Combo

Other _____ Number of times per week _____

If not currently provided, when is anticipated starting date? _____

Does this establishment have pool tables? Yes No If yes, number _____

Does this establishment have pinball/video games? Yes No If yes, number _____

If music is provided, please indicate type: Popular Country Rock Other _____

Is there dancing? Yes No Dimensions of dance floor _____

Predominant age range 18-25 26-35 Over 35

Does this establishment offer drink specials Happy Hour Doubles Two for One Ladies Night

Reduced Drink Prices Drink specials are not offered at any time

Does this establishment sponsor special entertainment nights or contests? None Wet T-Shirts

Male/Female Dancers Holiday Specials Karaoke Football Game Nights Dance Contests

Other _____

How often do these activities take place? (if applicable) _____

Does this establishment provide banquet facilities Yes No If yes, what type of functions are banquet rooms used

for? Class Reunions Clubs (Type of club) _____ Conventions

Business Meetings Fundraisers Wedding Receptions Anniversary Parties

Sports Events Benefit Dances Funeral Dinners Other _____

Does this establishment always supply the bartenders? Yes No Comments: _____

Does this establishment allow liquor to be brought in by others? Yes No Comments: _____

Can entertainment be brought in by others? Yes No If yes, how often? _____

How often are banquet rooms used on an annual basis? (If applicable) _____

What are the annual liquor receipts generated by the banquet rooms (If applicable) \$ _____

What is the seating capacity of the banquet room(s)? (If applicable) _____

PREVIOUS CARRIER

Occurrence Claims made – Retro Date: _____

Previous Policy Term: From _____ to _____

Previous Limit of Liability: \$ _____ Previous Policy Premium: \$ _____

BUSINESS HISTORY

Has this establishment and/or applicant ever been charged, cited or fined by an alcoholic beverage control commission or other government regulator? Charged Cited Fined Does not apply

Other (explain) _____

Describe any liquor liability losses claimed or sustained within the past five years

(include loss amount and status of claim) _____

Has applicant ever had either general liability or liquor liability insurance cancelled or refused (for reasons other than class or risk) Yes No If yes, please explain _____

Number of years owned and operated by name insured: _____ If less than five years at this location, describe experience in serving alcoholic beverages.

RECEIPTS

Annual Alcoholic Beverage sales: \$ _____

Annual Food Sales: \$ _____

Annual other sales receipts (if applicable): \$ _____

Describe other sales receipts (if applicable): \$ _____

I hereby certify that the information herein is true and correct. I understand that this application and supplement will become a part of the policy and that 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