



MARINA/BOAT DEALERSHIP SUPPLEMENTAL APPLICATION

LIQUOR LIABILITY

This supplemental coverage will only be offered with the purchase of Commercial General Liability Coverage.

Insured Name: _____ **Policy Period From:** _____ **To:** _____

1. Yes No Does the Insured have a Liquor License(s)?
2. Type of Liquor License(s): _____ What name is on the Liquor License: _____
3. Type of Customers: Marina Patrons Only Open to Public
4. Description of Operations: (Check ALL operations that are applicable)
 - Luncheonette Bar/Tavern Package Store (Retail) Private Club
 - Restaurant Catering/Banquets/Hall Rental Other: _____
5. Yes No Does the Insured dispense or provide alcoholic beverages for off-premises events?
6. Yes No Within the past 5 years, has the Insured had any Assault & Battery Claims?
7. Yes No Any consumption promotions such as happy hour, ladies night, etc.?
If "Yes," # of days per week: _____ Time & duration of promotions (i.e., 5pm to 7pm): _____
8. Seating Capacity: Dining Room: _____ Bar area: _____ Maximum legal occupancy: _____
9. Yes No Within the past 5 years, has the Insured been fined or cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors, etc.)?
If "Yes," # of times: _____; explain: _____
10. Yes No Within the past 5 years, has the Insured or any owner/partner/officer/licensee had a liquor license revoked?
If "Yes," # of times: _____; explain: _____
11. Yes No Within the past 5 years, has the Insured or any owner/partner/officer/licensee had a liquor license suspended?
If "Yes," # of times: _____; explain: _____
12. Yes No Does the Insured require that all alcohol serving or selling employees be certified by a formal alcohol awareness training program? If "Yes," give the name of the training program (BEST, RAMP, TIPS, TAM, etc.): _____
13. Yes No Does the Insured have procedures in place to regulate the sale of alcohol to intoxicated customers or to minors?
14. Yes No Are the Insured's employees required to check age identification of customers who appear to be under the age of twenty-five (25) years old?
15. Yes No Does the Insured currently carry Liquor Liability Insurance?
If "Yes," Insurer: _____ Limits: \$ _____ Premium: \$ _____
16. Yes No In the past 5 years, has the Insured or any owner, partner, member, officer, or licensee had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not? If "Yes," how many claims or incidents? _____

Give details: _____

