TOPA INSURANCE COMPANY

LIQUOR LIABILITY APPLICATION

(Please complete a separate application for each location)

Applicant & Mailing Address					Date
Location Address					Producer
Individual ☐	Partnership ☐	Corporation ☐	Joint Venture ☐	Other ☐	Name on liquor license and number
Type of operation: Bar/Tavern ☐ Club ☐ Restaurant ☐ Store ☐ Other (Explain)					
Type of liquor sold Beer ☐ Wine ☐ Liquor ☐	Population of Area	Area Industrial/commercial ☐ Residential ☐ Rural ☐			
Clientele: Residents/Workers ☐ Tourist ☐ Other (Explain)					
Experience under present ownership? Yr. Mon.	If less than three years, explain prior experience?				
Has applicant's liquor license ever been suspended? Yes ☐ No ☐ If yes, explain.					
Is there any? Dancing? Yes ☐ No ☐ Nude dancing or waitress ☐ No ☐					
Describe entertainment or activities other than consumption of alcohol that occur?					
Explain any special promotions? Happy Hour Yes ☐ No ☐ Ladies Night? Yes ☐ No ☐ Similar promotions? Yes ☐ No ☐ Explain item checked Yes:					
Bouncers Yes ☐ No ☐	Number of: Waitress(s) _____ Bouncers_____ Bartender(s) _____ Other_____				Formal safety program conducted/employee training Yes ☐ No ☐
Explain fully procedure for handling intoxicated patrons:					
Any claims made within the last Five (5) years? Yes ☐ No ☐	If yes, explain:				
Prior Carrier:	Limits: $	Premium; $			
Current General Liability Carrier:	Limits: $	Premium: $			
Gross sales? Liquor: $	Food: $	Other: $			
Policy Term From To	Limit of liability: $ Aggregate				
Additional Insureds? Yes ☐ No ☐	If yes, name and address?				
Person to contact for Inspection:	Phone:				
Applicant Signature Date	Producer Name & Signature Date				

TIC-2001