Grocery Store Liquor Liability Supplemental (Off-Premises Beer/Wine License or Permit)

Named Insured: _____

Location Address: #_____: _____

City, County, State, zip: _____

Inspection Contact: _____phone : (___)_____-_____

Producers Name & Address

Beer / Wine Sales Estimated next 12 months	$ _____
Liquor Sales Estimated next 12 months	$ Prohibited under this product – see other product
Admission / Cover charge / Fee Est. next 12 months	$ Prohibited under this product – see other product

Limits Requested: ☐ $100,000/$100,000 ☐ $300,000/$300,000 ☐ $500,000/$500,000 ☐ $1,000,000/$1,000,000

Have license to sell alcoholic beverages?	☐ Yes	☐ No
Any consumption of alcohol beverages on premises?	☐ Yes	☐ No
Are all people who appear under the age of 35 asked to present identification to purchase beer/wine?	☐ Yes	☐ No
Are all sales of alcoholic beverage stopped at the time local/state laws mandate?	☐ Yes	☐ No
Have a drive thru operation for the sale of alcohol?	☐ Yes	☐ No
All are employees selling alcohol certified by a formal alcohol awareness training program? (TABC, TIPS, BEST, TAM, etc)	☐ Yes	☐ No
Within the last 3 years has any insurer cancelled or non-renewed liquor liability coverage?	☐ Yes	☐ No
Within the last 3 years, has a liquor license been suspended or revoked or been fined/cited for violations of a law or ordinance related to the sale of alcohol (sales after hours, sales to minors etc)	☐ Yes	☐ No
Within the past 3 years has there been any liquor liability claim(s) or incidents that might give rise to such a claim whether insured or not? if yes, details _____	☐ Yes	☐ No

FRAUD STATEMENT: Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty.

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE

Signature of Applicant X_____ Date: _____ (Owner, Officer or Partner)

Signature of Agent X_____ Date: _____ (Licensed Agent)

VU 02-18

Send submissions to: submissions@vintageunderwriters.com
www.vintageunderwriters.com
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