



NeitClem WHOLESALE INSURANCE BROKERAGE, INC.

7442 North Figueroa St. • Los Angeles, CA 90041

Phone (323)-258-2600 • Fax (323)-258-2676

License #OA71853 • www.neitclem.com

LIQUOR LAW LIABILITY INSURANCE APPLICATION

Applicant Name _____

Mailing Address _____

Name and Address of the Establishment to be insured _____

1. Applicant is: ? Individual ? Corporation ? Partnership ? Other _____

2. Type of establishment: _____ Is there a separate bar area? ? YES ? NO

3. How long at this location? _____

4. Contact Name _____ Phone Number _____

5. Limits of insurance applied for: \$ _____ General Aggregate / Each Common Cause

Proposed effective and expiration date: _____ Target Premium: \$ _____

6. Has applicant, any officer or partner been declared bankrupt within the last 5 years? ? YES ? NO

Is Yes, please explain in "Remarks"

7. Length of time applicant has had liquor license _____

8. Type of liquor license: ? Wholesale ? Retail Code Number _____

9. ABC License Number: _____

10. Type of liquor sold: ? Beer ? Wine ? Liquor

11. Describe owners/managers hours and responsibilities _____

_____ How many years experience? _____

12. Clientele: ? Local Residents ? Retirement Community ? Families ? Under 30 years old

13. Area surrounding premises: ? Downtown District ? Shopping Center ? Industrial ? Resort

? Suburban Commercial ? Residential/Commercial ? Seasonal ? Rural

14. Describe entertainment

Type of Music

? Pool Table ? Dart Board ? Pinball ? Card Room

15. Are premises: ? Inside or ? Outside an incorporated municipality?

16. Opening and closing hours are from _____ to _____

17. Do you have "Happy Hour" or other promotional activities or contest? ? YES ? NO

If yes, how are they advertised? _____

18. Seating capacity: Dining Room _____ Bar Area _____

19. Have any protests, complaints or accusations been made against you as described in "THE ALCOHOLIC BEVERAGE CONTRACT ACT?" ? YES ? NO If yes, explain in "Remarks"

20. Has liquor license ever been suspended or revoked? ? YES ? NO

If yes, please explain _____

21. Number of bartenders: _____ bouncers: _____

22. Have all servers completed a certified alcohol awareness training course? ? YES ? NO

23. Have all clerks completed the "CLERKS AFFIDAVIT" if license type is Off-Sale, type 20 or 21?

24. Prior liquor liability insurance carrier _____ Premium _____

25. Describe any liquor liability losses claimed or sustained within the past 5 years (include loss amount)

26. Name of Commercial General Liability Carrier _____

Limits of Liability _____

27. Annual Gross Sales for period _____ to _____

	CURRENT	PROJECTED
Liquor Sales	\$ _____	\$ _____
Food Sales	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____

Remarks _____

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANTS WARRANTY STATEMENT: I HEAVE READ THIS APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO GOLDEN BEAR INSURANCE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I AGREE THAT THIS APPLICATION WILL BE MADE A PART OF THE POLICY, SHOULD GOLDEN BEAR INSURANCE COMPANY EVIDENCE ITS ACCEPTANCE OF THIS APPLICATION BY ISSUANCE OF A POLICY.

Applicant Signature	Date	Applicant Signature	Date
---------------------	------	---------------------	------

Agent Name and Address: _____
