**Pond Insurance**

**C-Store Program**

**Liquor Liability Application**

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| 1. Business Name Click here to enter text. | 1. DBAClick here to enter text. |
| 1. Mailing Address Click here to enter text. | |
| 1. Contact NameClick here to enter text. | |
| 1. FEIN #Click here to enter text. | 1. Phone Number Click here to enter text. |
| 1. Requested Effective Date for CoverageClick here to enter text. | 1. Email Click here to enter text. |
| 1. Business Website Click here to enter text. | 1. Fax Click here to enter text. |
| 1. Years In Business Click here to enter text. | 1. Years’ experience owning or managing a convenient store Click here to enter text. |
| 1. Business Type Individual  Corporation  Partnership Other, Explain:Click here to enter text. | |

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| **If requesting coverage for more than one location, please complete separate liability application for each.** | | | |
| 1. Property AddressClick here to enter text. 2. Number of years operating at this location:Click here to enter text. | | | |
| 1. Applicant is: Owner of premises Tenant   If applicant is a tenant:   1. Name of owner of premisesClick here to enter text. 2. Are applicant and owner related parties: Yes No 3. Is owner to be an additional insured? Yes No   If yes, addressClick here to enter text. | | | |
| 1. The location of property is located Inside city limits Outside city limits. 2. Indicate type of area you are located Commercial (Non-Industrial) Downtown Industrial Residential Rural Suburban | | | |
| 1. Does the applicant have a valid liquor license? Yes No 2. Name on the licenseClick here to enter text. License NumberClick here to enter text. 3. Type of Liquor License: On Sale Off Sale Beer Wine Liquor | | | |
| 1. **Hours of Operation** | | | |
| Mon  Tues  Wed  Thur | Click here to enter text. To Click here to enter text.  Click here to enter text. To Click here to enter text.  Click here to enter text. To Click here to enter text.  Click here to enter text. To Click here to enter text. | Fri  Sat  Sun | Click here to enter text.ToClick here to enter text.  Click here to enter text.ToClick here to enter text.  Click here to enter text.To Click here to enter text. |

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| 1. **Show Receipts:** | **Estimated Next 12 Months** | **Last 12 Months** |
| 1. Alcoholic Beverages | Click here to enter text. | Click here to enter text. |
| 1. Food | Click here to enter text. | Click here to enter text. |
| 1. Other | Click here to enter text. | Click here to enter text. |
| 1. Do you sponsor or provide any of the following: Drink specials Free Alcoholic drinks | | |
| 1. Maximum number of employees (including owners and managers) on duty at one time? | | |
| 1. Have you or this establishment ever been charged, cited or fined by ABC commission or other governmental regulator? Yes No If yes, please explainClick here to enter text. | | |
| 1. Have you or this establishment ever had its alcohol beverage license suspended or revoked?   Yes No | | |
| 1. Does this establishment have an alcohol awareness training program for the prevention of alcohol abuse? Yes No | | |

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| **Loss History** | | |
| My Business has had no claims in the past 3 years unless stated below. Please list claims and losses even if nothing was paid on the claim or if you don’t know how much was paid. | | |
| Date of Claim | Description of Claim | Amount Paid |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **Prior Insurance** | | | |
| Year | Insurance Company | Limits | Policy Number |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |