



*New England Excess Exchange, Ltd.
 P O Box 650 ~ Barre, VT 05641
 800-548-4301 or Fax 800-347-4935
 info@neee.com ~ www.neee.com*

New and Renewal Liquor Liability Application

Policy Information			
Named Insured:			
D/B/A:			
Mailing Address:	City/Town:	State:	Zip:
Premises Address:	City/Town:	State:	Zip:
Applicant is:	<input type="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Other (specify):		
Owner:	FEIN:	Telephone:	
Website:	Email:	Bus Started:	
Member of Association: <input type="checkbox"/>	Name of Association:		
Policy Term Requested:	from	to	New Venture <input type="checkbox"/>
Additional Quote: Include Quote for General Liability <input type="checkbox"/> (Please Attach ACORD's 125 & 126)			
Liquor Renewal <input type="checkbox"/> Existing Policy Number:			

Classification of Risk	
Class Code:	Description:
11 <input type="checkbox"/>	Manufacturers - including wineries - with or without hospitality rooms
12 <input type="checkbox"/>	Wholesale Distributors - including importers; no consumption on premises
21 <input type="checkbox"/>	Retail Stores - including package stores, markets and gas stations; no consumption on premises
31 <input type="checkbox"/>	Bars - night clubs, sports bars and gentleman's clubs greater than 60% liquor
32 <input type="checkbox"/>	Club - golf, civic, fraternal and social Public <input type="checkbox"/> Non Profit <input type="checkbox"/> Members Only <input type="checkbox"/> # of Members: _____
34 <input type="checkbox"/>	Restaurants - liquor sales less than 40% of total food and liquor sales
35 <input type="checkbox"/>	Restaurants, Pubs and Taverns - liquor sales exceed 40% of total food and liquor sales, but less than 60% liquor
37 <input type="checkbox"/>	BYOB - based on annual number of adult attendees; on-premises consumption
37 <input type="checkbox"/>	Caterers - based on the number of adult attendees, annual policy
38 <input type="checkbox"/>	Annual Temporary Events - based on the number of annual adult attendees, annual policy
41 <input type="checkbox"/>	Temporary Event - for single or multi-day events, weddings, fairs, parades, etc.
	Estimated # of annual adult attendees:
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	Estimated # of adult attendees:
	# of Days:

Policy Limits Requested	
<input type="radio"/>	\$50,000 per person/ \$100,000 per occurrence/ \$100,000 aggregate
<input type="radio"/>	\$100,000 per person/ \$200,000 per occurrence/ \$200,000 aggregate
<input type="radio"/>	\$250,000 per person/ \$500,000 per occurrence/ \$500,000 aggregate
<input type="radio"/>	\$500,000 per person/ \$1,000,000 per occurrence/ \$1,000,000 aggregate
<input type="radio"/>	\$1,000,000 per person/ \$1,000,000 per occurrence/ \$2,000,000 aggregate

Business Sales			
	Projected Current Year	Last Year Actual	Cost of Bottle of Domestic Beer
Liquor Sales (on premises consumption)	\$	\$	\$ 0.00
Liquor Sales for off premises consumption	\$	\$	
Food Sales (if none, enter 0)	\$	\$	

Entertainment Information	
Are any of the following provided at this premises? (Check all that apply)	No Entertainment <input type="checkbox"/>
Entertainment:	
<input type="checkbox"/> Darts	<input type="checkbox"/> DJ
<input type="checkbox"/> Pool Tables	<input type="checkbox"/> Live Bands
<input type="checkbox"/> Pub Crawls	<input type="checkbox"/> Drinking Games/Tournaments
<input type="checkbox"/> Karaoke	<input type="checkbox"/> Mechanical Bulls
<input type="checkbox"/> Dancing	<input type="checkbox"/> Dance Floor
<input type="checkbox"/> Exotic Dancing	<input type="checkbox"/> Other (please specify): _____
Number of days with live entertainment per week:	Number of days open per week:
Close at or before 8:00 pm <input type="checkbox"/>	

Alcohol Training / Security Training Information	
Are any bouncers, doorpersons or security used? Yes <input type="radio"/> No <input type="radio"/>	If yes, are they: <input type="checkbox"/> Company Employee <input type="checkbox"/> Contracted
Name of Alcohol Training Program (if applicable):	
Have 100% of management and 75% of non-management servers been certified?	Yes <input type="radio"/> No <input type="radio"/>
Name of Security Training Program (if applicable):	
Have 100% of management and 75% of non-management servers been certified?	Yes <input type="radio"/> No <input type="radio"/>

Optional Endorsements									
GL Assault & Battery Endorsement	<input type="checkbox"/>								
Property Damage Endorsement	<input type="checkbox"/>								
Additional Insured:	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Address						
Name	Address								

Citations and/or Hearings	
Has applicant had any citations or hearings with their local liquor licensing board?	Yes <input type="radio"/> No <input type="radio"/>
If yes, please provide details:	
Are employees permitted to consume alcohol on the applicant's premises, prior to, during or after their shift ends?	Yes <input type="radio"/> No <input type="radio"/>

Payment Option and Deposit Premium

Check Payment Option (round all payments to nearest dollar)

Payment in Full

Monthly (7) Installments: 20% deposit of the estimated policy premium (available only if total policy premium >\$1,000)

Visa/MC **Card Credit Number:** X _____

Exp Date: ___/___/___

CVV Code:

First Name:

Last Name:

Street Address:

City:

State/Zip:

Amount to be charged: \$

Agent's/Applicant's Certification and Authorized Signatures

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent's/applicant's knowledge and belief. By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company's reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant's retail and wholesale purchases of alcoholic beverages.

Applicant's Section:

Applicant's Name:

Title:

Fed ID#/Soc. Sec. #:

Telephone:

Email Address:

Applicants Signature: X _____ **Date:** _____

Agent's or Broker's Section

Name of Agency:

Address:

Name of Agent:

Telephone:

Email Address:

Fax:

Agent's Signature: X _____ **Date:** _____

Pennsylvania Fraud Statement:

Any person who knowingly and with 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 subjects such person to criminal and civil penalties.