



Ocean Marine Division
65 Broadway
New York City, NY 10006

Liquor Liability Questionnaire
This is not a Binder

Name Insured: _____

Policy #: _____

The above named policy provides liquor liability coverage. In order to maintain this coverage in force we need this questionnaire completed by the insured, signed by the insured and returned to us by: _____

Application Information

Yes No

1. Name and address of liquor permit/license holder: _____

2. Date liquor license first obtained: _____

3. Type of license: _____

4. Type of alcoholic beverages served/sold:

- Beer Wine Liquor

5. License number: _____

6. Legal drinking age in your state: _____

7. Name, distance and legal drinking age in any state within a 20 mile radius of your establishment's location:

State	Distance	Legal Age

8. Has the applicant had any warnings or violations of state, country or city liquor control laws? Yes No

If yes, complete the following:

Warning/Violation	Date	Describe Fine or Suspension

Application Information *Continued*

	Yes	No
9. Do you have any of the following?		
a. Ladies night	<input type="checkbox"/>	<input type="checkbox"/>
b. Cover charge	<input type="checkbox"/>	<input type="checkbox"/>
c. Live band/DJ	<input type="checkbox"/>	<input type="checkbox"/>
d. Happy hour	<input type="checkbox"/>	<input type="checkbox"/>
e. Entertainment machines (bucking bronco, surfboard, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
f. Connected to a laundromat?	<input type="checkbox"/>	<input type="checkbox"/>
g. Pool table(s)	<input type="checkbox"/>	<input type="checkbox"/>
h. Dance floor	<input type="checkbox"/>	<input type="checkbox"/>
i. Sports facilities (volleyball or basketball, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
j. Other entertainment facilities	<input type="checkbox"/>	<input type="checkbox"/>
Please describe:		
10. Do you "card" purchases of alcoholic beverages?		
Check all of those who do the carding:		
a. Host/hostess at door	<input type="checkbox"/>	<input type="checkbox"/>
b. Server/waitress/waiter	<input type="checkbox"/>	<input type="checkbox"/>
c. Bartender	<input type="checkbox"/>	<input type="checkbox"/>
d. Cashier	<input type="checkbox"/>	<input type="checkbox"/>
11. Annual receipts from sale of alcoholic beverages: _____		
12. Annual receipts from sale of food: _____		
13. Hours of operation: From _____ To _____		
14. Are you in close proximity to a college?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have your employees taken a course in alcohol management similar to the national restaurant association's "Fair Program" or "Alcohol Awareness Program"?	<input type="checkbox"/>	<input type="checkbox"/>

Insured's Signature _____

Agent/Broker Signature _____

Print Name of Signer _____

Print Name of Agent/Broker _____

Date _____

Date _____