Conway E&S, INC.

100 Allegheny Dr., Suite 100
Warrendale, PA, 15086

PHONE 724.779.9700
FAX 724.779.9701

Liquor Legal Liability Application

Name _____

Address _____

_____

Phone _____

Contact _____

Applicant is ☐ corporation ☐ partnership
☐ joint venture ☐ other (specify)

_____

Has applicant, any partner, or any officer of application been the subject of any voluntary or involuntary bankruptcy proceedings within the past 5 years? ☐ Yes ☐ No

Number of premises to be insured: _____
(Attach application for each additional location.)

Name of establishment: _____

Address _____

_____

_____

Limits of liability applied for _____

Desired effective date _____

Established Information

Type of liquor license (check as applicable)

- ☐ on-sale, beer/wine-public premises
- ☐ on-sale, general-public
- ☐ on-sale, beer/wine-eating place
- ☐ on-sale, general-eating place

Length of time applicant has had license _____

Type of establishment (check all that applicable)

- ☐ bar only ☐ pizza parlor ☐ country club
- ☐ fast food ☐ coffee shop ☐ restaurant

If other than bar only, is there a separate bar area?
☐ Yes ☐ No

Equipment (check as applicable)

- ☐ happy hour advertising ☐ juke box
- ☐ dancing 2 to 3 nights ☐ music (band)
- ☐ dancing 4 to 7 nights ☐ combo
- ☐ piano bar ☐ singer ☐ card table
- ☐ pinball machine ☐ dart board
- ☐ pool table how many: _____

Are surrounding premises (check as applicable)

- ☐ residential/commercial ☐ resort
- ☐ downtown district ☐ industrial
- ☐ suburban commercial ☐ seasonal
- ☐ shopping center ☐ rural

Is parking area well lighted? ☐ Yes ☐ No

Clientele (check as applicable) ☐ local residents
☐ families ☐ retirement community ☐ transient

Age of clientele (check as applicable)

- ☐ under 30 years ☐ over 30 years

Describe owner/manager's hours and responsibilities

_____

_____

_____

Does establishment have a bouncer? ☐ Yes ☐ No

Does establishment have an ID checker? ☐ Yes ☐ No

Premises are: inside
outside an incorporated municipality

Opening hours _____ Closing hours _____

Seating capacity: Dining Room _____ Bar area _____

Have all servers completed an alcohol awareness training course? ☐ Yes ☐ No If no, are employees now enrolled in next available course? ☐ Yes ☐ No

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Annual gross sales (show 3 years experience)

Year:	_____	_____	_____
Liquor sales:	_____	_____	_____
Food sales:	_____	_____	_____
Other:	_____	_____	_____
Total:	_____	_____	_____

Answers given are for annual period from _____ to _____ Remarks _____

_____

_____

_____

_____

Traffic Information

Main exit is to: ☐ divided highway ☐ undivided highway ☐ other: _____

Is view of oncoming traffic blocked in any way? ☐ Yes ☐ No

What is the speed limit? _____mph

Describe any other exits: _____

_____

_____

_____

General liability premium: $_____

If yes to the question to the right please explain: ------>

_____

_____

Insurance History

Is assault and battery excluded on your general liability policy? ☐ Yes ☐ No

Previous liquor liability insurer (please give full name of insurance company)

_____

_____

_____

Describe any liquor liability losses claimed or sustained within the past 5 years, whether insured or not (include loss amount(s)):

_____

_____

_____

_____

Name of current general liability carrier:

_____

General liability policy period:

from _____ to _____

General liability policy limits _____

Note: GL limits must be equal to greater than the limit applied for.

Has liquor liability insurance coverage been denied, cancelled, or non-renewed during the last three years? ☐ Yes ☐ No

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Applicant's signature: _____ Applicant's Title _____

Agency/ Producer signature _____ Date: _____