

LIQUOR PAK® STOREOWNER APPLICATION

Named of Insured Entity _____

Form of Business Individual Corporation LLC Partnership Other _____

Mailing Address: Street _____

City _____ State _____ Zip _____ County _____

Location Address: Street _____

City _____ State _____ Zip _____ County _____

Contact Name: _____ Phone Number: _____

Current Insurance Information

Carrier: _____ Renewal Date: _____ Agent: _____ Premium: _____

Describe any losses last 5 yrs: _____

Building Coverage Amount: _____ Contents Coverage Amount: _____

Has any insurance company declined, cancelled or non-renewed coverage? Yes No

Why? _____

Location Information

Year Building Built _____ Sprinklered Yes No Total sq. ft. of space owned/leased by you: _____

Construction of Building Frame Joisted Masonry Non-combustible Fire Resistive

Has heating, plumbing, electrical and roof been updated within the last 5 years Yes No

Building Occupancy: Single Occupancy Multiple Occupancy % of Building Occupied by you _____

Describe other occupants and % occupied

<u>Occupant</u>	<u>% Occupied</u>	<u>Occupant</u>	<u>% Occupied</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any restaurants in your building? Yes No Any apartments in your building? Yes No If yes # _____

Is the premises protected by a burglar alarm? No Central Station Local

Underwriting Information

Any Check Cashing, Western Union or Money Orders available on premises? Yes No

How long in business under this ownership? _____ # of PT Employees _____ # of FT Employees _____

What are the Annual Gross Sales? \$ _____ Alcohol Sales \$ _____

What is the % of the Annual Gross Sales of each of the following?

Liquor _____% Wine _____% Beer _____% Cigarettes _____% Lottery _____% Other* _____%

*Describe Other _____

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What is the average wholesale replacement value of your inventory? _____

What is the estimated replacement cost of your furniture & fixtures? _____

What is the value of improvements you've made to your leased space? _____

What are the hours of operation? Weekdays _____ Friday _____ Saturday _____ Sunday _____

Any drive up windows? Yes No What % of total sales from drive up? _____ %

Any cooking, food prepared, grills or fryers on premises? Yes No

Describe _____

Any produce or raw meat sold? Yes No

Any gasoline sold on premises? Yes No

Any guns on premises? Yes No # _____ Type _____

Any owned or leased autos registered to the Named Insured? Yes No

Do employees use their cars for business purposes? Yes No If yes, _____ %

Do you deliver to customers? Yes No If yes, how often _____

Liquor Liability

Liquor License # _____ Do you currently purchase Liquor Law Liability insurance? Yes No

Any consumption of alcohol on the premises? Yes No Any tastings held on or off premises? Yes No

Has applicant in the past 5 years ever had liquor liability insurance cancelled, not renewed or refused? Yes No

In the past 5 years has applicant had any reported alcohol related claims? Yes No

Describe _____

In the past 5 years has applicant been cited by the Liquor Control Commission? Yes No

Describe _____

Comments/Questions/Concerns
