

Intact Entertainment 505 North Brand Blvd, Suite 1250 Glendale, CA 91203 License No. 0773887

Los Angeles (781) 332-8400 Fax (866) 640-6533 New York (212) 307-0111 Fax (212) 307-0598

APPLICATION FOR LIQUOR LIABILITY

1.	Named Insured Address:
Ph	Contact person: one:
2.	Name on liquor license:
	Liquor license number:Class of ense:
4.	Type of facility or event where liquor will be sold:
5.	Number of event days coverage is required opening and closing hours of event(s) opening and closing hours of liquor sales :
	Has applicant's liquor license ever been revoked or suspended?YesNo If
•	s,explain:
۲.	No If yes, explain:
8.	Has any insurer cancelled or non-renewed coverage during the last 3 years? Yes No If yes, explain:
9.	Has applicant ever been fined by an alcoholic beverage control or other governmental regulator?Yes No If yes, explain:

10	. Type of alcoholic beverages sold:
11.	. Annual Gross Sales: Liquor sales \$
	Food sales
	\$
	Other
	\$
	_
12	Are patrons allowed to carry alcoholic beverages onto the premises?Yes No If yes, what type?
13	Do you exercise the right of search and seizure of contraband items?YesNo If yes, how do you notify the public of this?
14	Do you maintain security personnel are they trained to deal with liquor problems:
15	Are the alcohol sales and consumption contained within one fixed site or are booths/stands scattered throughout the event site?
16	. Number of servers used?
	Professional #?
	Volunteer #?
17	. Do the servers receive any type of alcohol awareness training?YesNo If yes, explain (attach training manuals used):

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18. Median age of customers: 18-25 25-30 30-40 40 and over
19. Explain how ID's are checked:
20. Are uniformed police officers present at the site of alcohol sales?
Are private security present? #
Are undercover police officers present? #
21. Are rules and regulations clearly displayed for patrons viewing?Yes No Explain:
22. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No Explain:
23. Is there any type of designated driver program?YesNo Explain:
24. Limit of liability requested:
Any Excess Coverage required & Amount:
Comments:
The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.
Signed: Title:
Date:

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