



# United States Liability Insurance Group

## Off-Premises Supplemental Liquor Liability



### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. a. Name of Applicant: \_\_\_\_\_  
b. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
c. Are Applicant's operations limited to this state?       Yes       No  
d. If No, list all states in which applicant operates \_\_\_\_\_
  
2. Applicant is:       Off-premises Caterer       Bartending/Waiter Service  
                          Event Organizer/Coordinator       Other (Explain) \_\_\_\_\_
  
3. a. Is applicant licensed to sell and provide alcohol?       Yes       No  
b. If yes, annual gross liquor receipts \_\_\_\_\_  
c. If Yes, provide liquor license number \_\_\_\_\_
  
4. Is liquor supplied by clients to be served by Applicant and its employees?       Yes       No
  
5. Total gross revenue generated by Applicant's operations: \_\_\_\_\_
  
6. a. Number of jobs handled annually \_\_\_\_\_  
b. Percentage of jobs entailing the sale/service of alcohol \_\_\_\_\_
  
7. Types of jobs handled:       Weddings       Corporate Functions       Private Parties       Other, describe \_\_\_\_\_
  
8. Maximum number of attendees at jobs \_\_\_\_\_
  
9. Are 100% of alcohol-serving employees certified in a formal training course?       Yes       No  
If Yes, name of course \_\_\_\_\_
  
10. Signature of Applicant: \_\_\_\_\_