

Western Specialty Insurors, LLC

1116 Remington Plaza, Suite C
Raymore, MO 64083
(888)866-3550 info@rodeoins.com
www.rodeoins.com



Liquor Liability Supplemental Application

Name of Applicant: _____ Federal Employee ID No. _____

Nature of Business: _____

Length of time in this or similar, business: _____

Total receipts of your business: \$ _____ Total receipts from alcoholic beverages: \$ _____

Receipts break-out by type: Beer: \$ _____ Wine: \$ _____ Liquor: \$ _____

Name Liquor License is in: _____

Type of Liquor License: _____

Is liquor sold for on premises consumption only? Yes No

Do you have a "Happy Hour", "two for one", or other types of special promotions? Yes No

IF YES, please describe and indicate frequency: _____

General Information:

Opening and closing hours: _____

Number of: Bartenders _____ Wait-staff: _____

Dry area/county(alcoholic beverages available with private membership only)? Yes No

Entertainment Provided: (Check **ALL** that apply):

Live Entertainment _____ How Often? _____

Dancing – If permitted, area of dance floor: _____

Hospitality Suites:

Do you provide hospitality suites or rooms? Yes No **IF YES: Please provide**

Frequency: _____ Location: _____

Conditions under which they are provided: _____

Is there a formal written program to require proof of age from minors, and to avoid selling alcohol to intoxicated persons? Yes No

Do employee hiring practices include background references including a police record check? Yes No

IF YES, describe: _____

Describe type of alcohol awareness training your employees receive:

When hired: _____.

On a scheduled and on-going basis: _____

Explain all **YES** responses:

- | | | |
|--|-----|----|
| a) Are employees permitted to drink alcohol while working? | Yes | No |
| b) Are servers required to be licensed by the state of local government? | Yes | No |
| c) Has your Liquor Liability Insurance ever been cancelled, declined
or nonrenewed? (NOT APPLCABLE IN MISSOURI) | Yes | No |
| d) Has your Liquor license ever been suspended or revoked? | Yes | No |
| e) Have any claims arising out of the serving of alcoholic beverages been
paid or reported during the preceding five (5) years? | Yes | No |
| f) Prior Liquor Liability insurance carried? | Yes | No |

Name of Insurance Company: _____

Limit of Liability: _____

Deductible Amount: _____

This questionnaire must be signed by the applicant. If the insured is a corporation, the questionnaire must be signed by an executive officer of the corporation. If the insured is a partnership, it must be signed by a partner. If the insured is an individual, it must be signed by that individual.

Name: _____ Title: _____

Signature: _____ Date: _____

Please return application to:

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