



Liquor Liability Application

Bid # _____ MLBA Member: _____

General Information

Licensee Name: _____

Contact Name: _____

DBA: _____

Mailing Address: _____

Location Address: _____

Email Address: _____

Website Address: _____

Phone Number: _____

Insured Type: Individual Partnership Corporation Other

Proposed Policy Term: From _____ To _____ Seasonal? Yes or No

Underwriting Information

Is this a new venture? Yes or No

Is the risk open for business? Yes or No

Do you run happy hour times? Yes or No

If so, when (days, times): _____

Operating Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Description of Operations:

<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Private Club	<input type="checkbox"/> Night Club	<input type="checkbox"/> Convenience/Liquor Store
<input type="checkbox"/> Special Permit	<input type="checkbox"/> Distillery	<input type="checkbox"/> Microbrewery	<input type="checkbox"/> Brewpub	<input type="checkbox"/> Other

How long has the insured been in business at this location? _____

Square feet of licensed premises: _____

Number of bars: _____

SALES

Annual spirits sales: _____

Annual beer sales: _____

Annual wine sales: _____

Annual food sales: _____

Total annual sales: _____

New Business: _____ Previous/Projected: _____

PURCHASES

Annual spirits purchases: _____

Annual beer purchases: _____

Annual wine purchases: _____

Total annual alcohol purchases: _____

New Business: _____ Previous/Projected: _____

Liquor Liability Section

Number of Alcohol Servers Employed: _____

Number Who are Server Trained: _____

Does the Applicant Hire Bouncers: _____

If yes, how many: _____

Entertainment (days per week): _____

New Business: If new, please list projected entertainment.

DJ:	Band:	Keno:
Topless:	Dancing:	Karaoke:

Limit of Liability:

50/50	50/100	100/100	100/200	200/200	200/400
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Individual Risk History

Has the establishment been cited for a violation of any liquor laws in the past five (5) years?

Yes No

If Yes, Give Date(s) and Details: _____

Has liquor liability coverage ever been cancelled, declined, non-renewed or had a lapse?

Yes No

If Yes, Give Date(s) and Details: _____

Do you have a general liability policy?

Yes No

If No, what is the current assault or battery limit? _____

Prior Liquor Liability Carrier Information (Please give a detailed history, including coverage premiums)

Policy Term	Insurance Carrier	Premium
From: To:		\$
From: To:		\$
From: To:		\$

Disclaimer:

The Applicant is the party to be named as the Insured in any insuring contract, if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application (whether by the Applicant or on the Applicant's behalf), together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its representatives to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees that in the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile or electronic signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Occurrence, or the accumulation of more than one Occurrence during the Policy Period, may cause the per Occurrence Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy Period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Occurrence or combination of Occurrences that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Occurrence or combination of Occurrences during the Policy Period.

Licensee/DBA: _____

Applicant Signature: _____

Date: _____

Agent Signature: _____

Agency: _____

Agent Email: _____

Date: _____



MLBA Insurance Company
101 S. Washington Sq. Ste. 800
Lansing, MI 48933
(800) 292-2896
insurance@mlba.org

MLBA Insurance Company Payment Form

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize _____, (the "Company"), to initiate credit entries and if necessary, initiate debit correction or adjustment entries to my (our) account(s) at the financial institution(s) indicated below.

Please attach a voided check or financial institution verification letter for account validation.

CHECKING

SAVINGS

Depository Financial Institution					Branch				
Address									
City				State			Zip Code		

TRANSIT ROUTING NUMBERS

:										:
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ACCOUNT NUMBER INFORMATION

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This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such a time and manner as to afford the Company and the Depository Institution a reasonable opportunity to act on it.

Name(s) - Please Print									
Address					City and State			Zip Code	
Signed				Date		Signed			Date

Credit Card Payment Option:

Card No _____

Signature _____

Name on Card _____

Sec. Code _____ Exp. Date ____ / ____

Address _____

City/State/Zip _____

Type of Card _____
(e.g. Visa, Mastercard, etc.)

Check Payment Option:

(Payable to MLBAIC and enclosed with this form)