



United States Liability Insurance Group

Liquor Liability/General Liability Supplemental Application

APPLICATION

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

- Name: _____ D/B/A: _____
- Building Interest Owner Tenant Part Occupied _____ %
- Additional Insured: _____ Interest: _____
- Has applicant ever been convicted of a felony? Yes No If Yes, explain: _____
- Prior Carrier: Company _____ Expiring General Liability premium \$ _____
- Has General Liability insurance ever been declined, cancelled or non-renewed? Yes No If Yes, explain: _____
- General Aggregate \$ _____ Fire Damage (Any one fire) \$ _____
 Products/Completed Operations Aggregate \$ _____ Medical Expense (Any one person) \$ _____
 Each Occurrence \$ _____ Personal and Advertising Injury \$ _____
- If applicant is the building owner and there are habitational (apartments, dwellings, etc.) exposures:**
 - Is the electrical system connected to circuit breakers? Yes No If No, Decline.
 - Does the electrical system have aluminum wiring? Yes No If Yes, Decline.
 - Are there smoke detectors in all common areas and in each habitational unit? Yes No If No, Decline.
- Is there evidence of water damage, broken windows, or breaks in pavements or floor? _____
- Any "special" hazards (raised walks, street elevators, etc.)? _____
- Are any buildings located on piers, wharves or pilings? Yes No If Yes, Decline.
- Total area of each building _____
- Are there any other occupancies in the building? Yes No If yes, advise as to type, number of units, area _____

COOKING SUPPLEMENT

- Describe Cooking Equipment used: Deep Fat Fryers Grills Open Flame Oven
 Barbeque Pit/Charcoal Grill Smoker Other _____
 Describe any outside cooking _____ Distance from building _____
- Are the cooking area, hood and duct system protected per NFPA 96 (ansul, extinguishing system)? Yes No
- Is there a cleaning contract in force with an outside firm? Yes No
 Frequency of cleaning _____ Date last serviced _____
- a. Do you have table seating? Yes No c. Any tableside cooking/preparation? Yes No
 b. Do you have table service? Yes No d. Average price of a dinner entree? \$ _____

CLUBS (VFW, ELKS, FRATERNAL, SOCIAL)

- Annual membership this year _____ Five years ago _____ Ten years ago _____
- Does the club own or lease a building? Yes No If Yes, total sq. ft. _____
- Annual sales for all the following: Membership Fees _____ Alcohol sales _____ Food Sales _____
 Facility fees _____ Est. Number of days rented per year _____

Attach a separate list of all on and off premise events. Include dates, location, description, attendance and entertainment.

GL Loss History (5 yr.) Check here if none

Date of Incident	Loss Description	Reserved or Paid Amount	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature _____ Date _____