



SCOTTSDALE INSURANCE COMPANY[®]
P.O. Box 4110 • Scottsdale, Arizona • 85261 (602) 948-0505 • Fax (602) 483-6752

Liquor Liability Application

Applicant's Name _____
Mailing Address _____

Location _____

Agent Name _____
Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time at the address of the
Applicant

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
\$ _____,000	\$ _____,000

PLEASE ANSWER ALL QUESTIONS

- Type of risk:**
 Convenience/Grocery Store Bar/Tavern Catering Service Special Event Vendor
 Package Store Restaurant Liquor Manufacturer/Microbrewery
 Wholesaler/Distributor Other (Describe) _____
- Type of ownership:** Corporation Individual Partnership Other
- Square foot area of establishment:** _____ square feet.
- Premises within city limits?** Yes No
- Have employees been through any training dealing with condition of patrons?** Yes No
- Type of clientele:** Area Residents Area workers Tourists College Other _____
- Average age of clientele:** _____
- Type of area:** Industrial or commercial Residential Rural Other _____
- How many years has applicant been in business?** _____
- How many years has applicant been at this location?** _____
- How many days per week is location open?** _____
- What time does location open?** _____
- Type of liquor sold:** Beer Liquor Wine _____
- Is food required to be served with drink?** Yes No
- Do you have "Happy Hour" or 2-for-1 drink specials?** Yes No
If so, how often, hours _____ to _____
- Are patrons allowed to BYOB (Bring Your Own Booze)?** Yes No
- Security Activities:**
 Bouncers Doorman
 Contracted Security Firms ___inside ___outside ___armed ___unarmed
Any firearms kept or carried on premises? Yes No
- Types of entertainment activities:**

