

LIQUOR LIABILITY RETAIL / WHOLESALE DISTRIBUTORS MULTIPLE LOCATION SUPPLEMENTAL APPLICATION

This supplemental application must be attached to and forms part of the **Liquor Liability Application** completed by the applicant. This supplemental application is also only to be used for locations with no sales of alcoholic beverages for on-premises consumption. For locations with on-premises consumption of alcoholic beverages, a **Liquor Liability Application** must be completed for each location. Indicated sales must be estimated sales for the next 12 months. Contact information must be provided for each location when coverage is bound. If there are more than 4 additional locations with sales of alcoholic beverages for off-premises consumption only, attach additional **Retail / Wholesale Distributors Multiple Location Supplemental Applications**.

1. Applicant Name

Name of Establishment Street Address City, State & Zip Code	Alcoholic Beverage Sales	Hours of Operation (Indicate AM or PM)		Hours Selling Alcoholic Beverages (Indicate AM or PM)	
Name Address: Contact Name: Phone No.:	\$	Sunday thru Thursday	to	Sunday thru Thursday	to
		Friday	to	Friday	to
		Saturday	to	Saturday	to
Name Address: Contact Name: Phone No.:	\$	Sunday thru Thursday	to	Sunday thru Thursday	to
		Friday	to	Friday	to
		Saturday	to	Saturday	to

Name of Establishment Street Address City, State & Zip Code	Alcoholic Beverage Sales	Hours of Operation (Indicate AM or PM)		Hours Selling Alcoholic Beverages (Indicate AM or PM)	
Name Address: Contact Name: Phone No.:	\$	Sunday thru Thursday	to	Sunday thru Thursday	to
		Friday	to	Friday	to
		Saturday	to	Saturday	to
Name Address: Contact Name: Phone No.:	\$	Sunday thru Thursday	to	Sunday thru Thursday	to
		Friday	to	Friday	to
		Saturday	to	Saturday	to

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic signature of Applicant or Authorized Representative:

Title:

Current Date:

If you prefer not to return application with an electronic signature, please print and sign.