



214 Key Drive, Suite 2000
 Madison, MS 39110
 Phone: 866-386-4136
 Fax: 601-898-4793
 Email: cs@continentalbrokers.biz

Liquor Liability Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

Please answer each of these questions in full, attaching additional sheets if necessary.

1. a. Is liquor served by: Applicant Caterer Other: _____
 b. Do person(s) serving liquor have a license? Yes No
 c. Provide liquor license number: _____
Please provide a certificate of insurance.
2. Number of years you have been licensed to sell liquor: _____
3. a. Has your liquor license been suspended or revoked in the past five years? Yes No
 b. If yes, please explain: _____
4. a. Any violations against your establishment by the State Liquor Authority or police in last five years? Yes No
 b. If yes, please explain: _____
5. Total receipts from liquor sales: \$ _____
6. a. Number of Bartenders: _____
 b. What are their qualifications/experience: _____
7. a. How many of your bartenders have had T.I.P.S. training or other related training in the past 12 months? _____
 b. Please list what kind of training if other than T.I.P.S.: _____
8. a. Is liquor served to the customers? Yes No
 b. Type of alcohol served: beer liquor champagne/wine
9. Explain when alcohol is served: (After dinner, special occasion, etc.) _____
10. Hours of operation when liquor is served/sold: Opening: _____ Closing: _____ Total Hours Per Week: _____
11. a. Do you allow the use of your facilities for wedding receptions, anniversary parties, etc.? Yes No
 b. If yes, please describe including the number, size and types of events: _____

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
 This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature _____	Date _____	Agent's Signature _____	Date _____
Agency Name: _____		Agency Phone Number: _____	