

LEXINGTON INSURANCE COMPANY

200 STATE STREET

BOSTON, MA 02109

(Special purpose underwriting)

Application for Liquor Law Liability Insurance

SHORT TERM EVENTS

Note: If a policy is issued, it will be on a Claims-Made basis.

1. Applicant Name _____

Is Liquor License in Applicant's Name? _____ (If not, explain under remarks)

Mailing address _____

Zip _____

Applicant is: Individual () Corporation () Partnership () Joint Venture ()

Other _____

2. GL Limits _____ Applying for Limits of _____

3. Location of Event _____

4. Dates and times of Event _____

5. Area surrounding Event is: Downtown District () Rural () Industrial ()

6. Type of Event _____

Music? _____ What kind? _____ Dancing? _____ Hours/day _____

7. Clientele: Local Residents () Families () Retirement Community () Transient ()

8. Age: Under 30 Years () Over 30 Years ()

9. Type of Security _____

10. Main Exit:

a. Main exit is to: Divided highway? () Undivided highway? () Or? _____ specify

11. Serving hours: From: _____ To: _____

12. Number of Bartenders _____ Who are bartenders? _____

13. Estimated beer, wine and liquor sales _____

14. Estimated food sales _____

15. How many are expected to attend the event? _____

16. How many years have they been having this event? _____

17. Any liquor claims? If yes, please explain. _____

18. Additional Insured? _____ Please give details _____

19. Remarks: _____

I hereby declare that the statements and particulars in this application are true and that I/we have not misstated or suppressed any material facts. I agree that this application, together with any other information supplied by me on behalf of the applicant shall form the basis of any contract of insurance effected thereon. The applicant undertakes to inform the insurer of any material alteration to these facts whether occurring before or after issuance of the contract of insurance. The signing of this application does not bind the insurance company to provide the insurance.

Signed at _____

Date _____

Signature of Agent/Broker

Signature of Applicant

Print Agent/Broker Name

Title of Applicant

Telephone Number