

Elite Discount Acceptability Application

Named Insured: _____

Effective Date: ____ / ____ / ____ Policy Number (renewals only): _____

Has insured been in the hospitality business for at least 3 years?

Yes No

Are all servers trained in an alcohol training program?

Yes No Name of alcohol training program: _____

Does insured have 3 years hard copy liquor loss runs with a loss ratio less than 40%?

Yes No Please attach loss runs.

Has Insured had any liquor fines or violations by the local alcohol control board in the past 5 years?

Yes No

If yes, please explain:

Within the past 5 years, has the applicant's liquor liability coverage been cancelled or non-renewed for reasons **OTHER** than the prior carrier is no longer writing this class of business?

Yes No

If yes, please explain:

Name of Applicant: _____

Email: _____ Phone: _____

Applicant's Signature: _____ Date: ____ / ____ / ____

Agency: _____

Name of Agent: _____

Email: _____ Phone: _____

Agent's Signature: _____ Date: ____ / ____ / ____