

# LIQUOR STORE QUOTE SHEET

(We must have all this information completed in order to review and quote)

Agency Name \_\_\_\_\_

Named Insured \_\_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Corp \_\_\_\_ LLC \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

FEIN # or Social Security Number \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Years in business \_\_\_\_\_ if new or no current coverages years of experience \_\_\_\_\_

Renewal Date \_\_\_\_\_ Current Carrier \_\_\_\_\_ Target Premium \_\_\_\_\_

3 Year prior Losses\_ (3 year company loss runs will be required in order to bind coverage) \_\_\_\_\_

Location Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Protection Class \_\_\_\_\_ Construction Frame \_\_\_\_ Joisted Masonry \_\_\_\_ Metal \_\_\_\_ Masonry /NC \_\_\_\_

Property Deductible \_\_\_\_\_ Annual Receipts/Sales \_\_\_\_\_ Annual Payroll \_\_\_\_\_

Building Value \_\_\_\_\_ Contents Value \_\_\_\_\_ Loss of Income Limit \_\_\_\_\_

Sq. Footage \_\_\_\_\_ Sprinklered Yes \_\_\_\_ No \_\_\_\_ Central Alarm Yes \_\_\_\_ No \_\_\_\_

Year Built (If over 20 years old need to know year the following were updated):

Roof Update \_\_\_\_\_ Electrical Update \_\_\_\_\_ Plumbing update \_\_\_\_\_ HVAC Update \_\_\_\_\_

General Liability Limited Requested \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_

Liquor Liability Limited Requested \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_

Hours of Operation \_\_\_\_\_ (24hour operations are ineligible)

Is there a gun on the premises \_\_\_\_\_ (If yes the risk is ineligible?)

## Optional Coverages

Employee Dishonesty Limit \_\_\_\_\_ Exterior Sign Limit \_\_\_\_\_

## Account Specific Coverages:

\_\_\_\_\_  
\_\_\_\_\_

**IN ORDER TO BIND COVERAGE WE ARE GOING TO NEED THREE YEAR LOSS RUNS FROM CURRENT COMPANY (PLEASE GO AHEAD AND REQUEST THEM)AND SIGNED APPLICATIONS.**