

Policy Number: _____

Applicants 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: _____ Broker's Signature: _____ Date: _____

Broker's Name: _____ Agency Phone Number: _____

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