



TOWN OF BELMONT
TOWN HALL
BELMONT, MA 02478

DRAM SHOP LIABILITY INSURANCE FORM

ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS FORM FOR ALL NEW APPLICATIONS, TRANSFERS, AND RENEWALS

Insurance must be from a recognized liability insurer with specific dram shop liability all-risk coverage in minimal amounts of \$1,000,000/\$2,000,000.

1. Licensee Name: _____
2. Agency of Insurer Name: _____
3. Address of Agency or Insurer: _____

4. Phone number of Agency or Insurer: _____
5. Fax of Agency or Insurer: _____
6. Date coverage begins: _____
7. Date coverage scheduled to end or renewal date: _____

Attach copy of Declaration Page to this form. The Declaration Page must state that Town Clerk, Town of Belmont, Town Hall, Belmont, MA 02478, shall be notified no later than ten (10) days prior to cancellation, termination or non-renewal of insurance coverage.