

VERMONT LIQUOR LIABILITY INSURANCE REPORT
 PART OF THE VERMONT ANNUAL STATEMENT INSTRUCTIONS
 Calendar Year 20____

Company Name: _____ Group Name: _____
 NAIC Company Code: _____ NAIC Group Code: _____
 Address: _____
 City, State, Zip Code: _____
 Contact Person: _____
 Phone Number: _____

(1)*	(2)	(3)	(4)	** (5) ++	(6)	(7)	(8)	(9)	(10)	(11)
Name of Policy or Program	\$ Premiums Earned	\$ Premiums Earned	\$ Claims Losses Paid	\$ Claims Losses Incurred	Number of Policies Written	Number of Claims Paid	Number of Claims Incurred	Loss Ratio (5)(3)	Average Paid Claim	Average Incurred Claim (5)(8)

In General: If you use more than one line please add the numbers in the columns and provide totals on a separate line. Estimates for premiums are acceptable, however, please note on the worksheet if you are using an estimate.

*Please describe. If liquor liability is part of a multi-line policy, the program should be identified. If you write mono-line liquor liability please indicate mono-line.

**Claims paid the current year less incurred claims reserve prior year plus the incurred claims reserve the current year. Reserves include IBNR reserves.

++Include loss adjustment expense.