

## LIQUOR LIABILITY SPECIAL EVENT SUPPLEMENT APPLICATION

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant is: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Joint Venture \_\_\_\_\_ Corporation \_\_\_\_\_

Name on the Liquor License: \_\_\_\_\_

Type of Liquor License: \_\_\_\_\_

Name of Additional Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Interest in the Named Insured: \_\_\_\_\_

Limits of Liability Requested: \_\_\_\_\_

Desired Date(s) of Coverage: \_\_\_\_\_ to \_\_\_\_\_

Type of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Location of Event:(provide a sketch of the area whenever possible, this gives a visual idea of the layout). \_\_\_\_\_

Full Schedule. Description, nature of, and purpose of the event. \_\_\_\_\_

(Attach a Brochure, Flyer or other form of Advertisement for the Event)

Hours of the Event? \_\_\_\_\_ If hours vary by date, please describe \_\_\_\_\_

Is the alcohol being served in a controlled or fenced off area? \_\_\_\_\_

Can the alcohol be taken away from the area where it is being served? \_\_\_\_\_

Can alcohol be brought in by attendees of the event? \_\_\_\_\_

Who is checking the I.D.'s and when is this being done? \_\_\_\_\_

After I.D.'s are checked, are wrist bands used or are hands stamped? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(describe) \_\_\_\_\_

Will there be professional bartenders? \_\_\_\_\_ Yes \_\_\_\_\_ No How many? \_\_\_\_\_

If no professional bartenders, who is serving the alcohol? \_\_\_\_\_

Have these individuals attended any formal serving courses? Describe- \_\_\_\_\_

What type of security is being provided? \_\_\_\_\_

Is the applicant the sole vendor of the alcohol at this event? \_\_\_\_\_

Are all vendors required to carry Liquor Liability Coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will the insured be providing any entertainment? \_\_\_\_\_ Yes \_\_\_\_\_ No/Describe \_\_\_\_\_

If any entertainment at this event, describe type of and where the entertainment is located.

## RATING INFORMATION

Estimated total attendance per day \_\_\_\_\_

Estimated total attendance consuming alcohol per day \_\_\_\_\_

Average age of crowd. \_\_\_\_\_ Estimated percent consisting of minors \_\_\_\_\_

Estimated food and beverage sales per day. \_\_\_\_\_ Estimated alcohol sales per day. \_\_\_\_\_

If there are no liquor receipts, how much is insured spending on alcohol?

Does the admission charge include drinks? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the cost of admission per person? \_\_\_\_\_  
 How many drinks are allowed per person? \_\_\_\_\_  
 Attendance is \_\_\_\_\_ Invitation only \_\_\_\_\_ Open to public \_\_\_\_\_  
 Alcohol Beverage will be:  
 \_\_\_\_\_ Beer only \_\_\_\_\_ Wine only \_\_\_\_\_ Beer/Wine \_\_\_\_\_ Beer/Wine/Hard Liquor  
 What is the price per drink? \_\_\_\_\_

### HISTORY

Number of years Event has been previously held. \_\_\_\_\_  
 If insured has been an alcohol vendor in previous years, who was the Liquor Liability carrier?  
 \_\_\_\_\_  
 Losses or claims in the last 5 years? \_\_\_ Yes \_\_\_ No If yes, Describe and advise what was paid.  
 \_\_\_\_\_

### FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

**WARRANTY STATEMENT:** I have read this application and I declare that to the best of my knowledge and belief, all of the foregoing statements are true and accurate, and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I agree that this application will be made a part of the policy, should the Company evidence its acceptance of this application by issuance of a policy.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Broker's signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_