



# Non Profit Package Product

## NON PROFIT PACKAGE SPECIAL EVENTS/LIQUOR LIABILITY ADDENDUM

Note: This addendum must be completed for each event. Please answer all questions.

**A completed addendum is required for each event for which coverage is requested. There is no coverage for any event(s) for which a fully completed addendum is not provided.**

**Name of Organization:** \_\_\_\_\_

How many special events are planned for the next 12 months? \_\_\_\_\_

### TYPE OF EVENT

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Beer Garden/Beer Tent     | <input type="checkbox"/> Fund Raiser               | <input type="checkbox"/> Individual Vendor Booth       |
| <input type="checkbox"/> Off-site Seminar/Training | <input type="checkbox"/> Picnic                    | <input type="checkbox"/> Concert/Musical Performance   |
| <input type="checkbox"/> Competition or Show       | <input type="checkbox"/> Sporting Event/Tournament | <input type="checkbox"/> Convention/Trade Show/Exhibit |
| <input type="checkbox"/> Parade                    | <input type="checkbox"/> Festival                  | <input type="checkbox"/> Party/Social Event            |
| <input type="checkbox"/> Other (describe) _____    |  |  |

1. Full Schedule/Description and Purpose of Event (Attach copy of brochure and/or flyer to this application): \_\_\_\_\_

2. Please provide website for this event: \_\_\_\_\_

3. Location of Event (name of venue & full address): \_\_\_\_\_

4. Dates of Event: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Hours of Event: From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM If Hours vary by Date, describe: \_\_\_\_\_

6. Will there be any Entertainment?  Yes  No

If Yes, describe, (include name of performers and acts): \_\_\_\_\_

7. Estimated Total Attendees Per Day: \_\_\_\_\_

8. Any prior special event claims (including Liquor Liability if applicable)?  Yes  No

Provide details: \_\_\_\_\_

9. Will event feature any of the following:

a. Mechanical rides or devices? Explain: \_\_\_\_\_  Yes  No

b. Firearms or Fireworks?  Yes  No

c. Overnight camping?  Yes  No

d. Water hazards present?  Yes  No

If yes, describe: \_\_\_\_\_

Will attendees be permitted to swim, boat, jet ski or fish?  Yes  No

If yes, describe \_\_\_\_\_

10. a. Name of Additional Insured: \_\_\_\_\_

b. Mailing Address: \_\_\_\_\_

c. Additional Insured's Interest in Event: \_\_\_\_\_

### LIQUOR LIABILITY

11. a. Is Applicant Sole Vendor of Alcohol at Event?  Yes  No

b. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant?  Yes  No

c. If required, does applicant have a valid liquor license?  Not Required  Yes  No

12. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted?  Yes  No

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker \_\_\_\_\_

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

Agent or Broker License number \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

\_\_\_\_\_