

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

SPECIAL EVENT LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125) OR ITS EQUIVALENT

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name: _____ Agent _____

Applicant Mailing Address: _____ Applicant's Phone Number: _____

Web Address: _____

Inspection Contact: _____

Desired Dates of Coverage _____ to _____ Phone Number for Inspection Contact: _____

Applicant is: Individual Partnership Corporation Joint Venture Other _____

1. Is a Liquor License required for this event? Yes No

If yes, please provide the information as follows:

Name on Liquor License: _____

Type of Liquor License: _____

2. Additional Insured Name: _____

Mailing Address: _____

Interest in the Named Insured: _____

3. Liquor Liability Limits requested:

\$100,000/100,000 \$100,000/300,000 \$300,000/300,000 \$300,000/600,000

\$500,000/1,000,000 \$500,000/500,000 \$1,000,000/1,000,000 \$1,000,000/2,000,000

4. Is assault or battery coverage needed? Yes No

If yes, please indicate desired limit:

\$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$100,000 \$300,000/\$300,000

Has applicant had any assault or battery related claims or occurrences over the past five years? Yes No

If yes, please describe: _____

5. Event Details:

a. Name of event: _____

b. Location of event: _____

c. Dates of event: _____ to _____

d. Daily hours of event: _____ AM to _____ PM

e. Description of event: _____

f. Will there be any entertainment? Yes No

If yes, describe: (include type of music to be performed) _____

Attach a copy of the scheduled activities, flyer or any other form of advertisement for the event.

6. Is all alcohol served in a controlled or fenced off area? Yes No

a. Can alcohol be taken from the area where it is served? Yes No

b. Can alcohol be brought in by attendees of the event? Yes No

If no, to a. or b above, describe measures in place to keep from occurring: _____

c. Is the event a beer garden or beer tent? Yes No

7. Who is checking I.D.'s? _____
 When are I.D.'s checked? _____
 After I.D.'s are checked, are wrist bands used, hands stamped, etc? Yes No
 Are minors allowed in the serving area? Yes No
 Additional information regarding I.D. checking: _____
8. Will there be professional bartenders?..... Yes No
 If yes, how many? _____
 If no, who will be serving the alcohol? _____
 Have the bartenders attended a formal server training course (i.e. TIPS, TOPS, RAMP or TAM)? Yes No
 If yes, indicate server training course: _____
9. Will there be volunteer servers?..... Yes No
 If yes, how many? _____
 Have the volunteers attended a formal server training course (i.e. TIPS, TOPS, RAMP or TAM)? Yes No
 If yes, indicate server training course: _____
 If volunteers have not attended any formal server training course, describe instructions provided to volunteers to prevent the serving of minors or visibly intoxicated individuals: _____
10. Are employees or other persons permitted to consume alcohol during their hours of employment or service? Yes No
11. What type of security will be provided? _____
12. Is the applicant the sole alcohol vendor at this event?..... Yes No
 a. Are all vendors required to carry Liquor Liability coverage? Yes No
 b. Are all vendors required to provide certificates of insurance to the applicant? Yes No

RATING INFORMATION

13. Estimated total attendance per day: _____
14. Estimated attendance consuming alcohol per day: _____
15. Average age of crowd: _____
16. Estimated percentage of minors: _____
17. Estimated food and alcoholic beverage sales per day: _____
18. Estimated alcoholic beverage sales per day: _____
19. If there are no alcohol receipts, what are the insured's costs for alcoholic beverages? _____
20. Does the admission charge include drinks?..... Yes No
 If yes, what is the cost of admission per person? _____
21. How many drinks are allowed each person per serving? _____
22. Attendance is: Invitation Only Open to Public
23. Alcohol served: Beer Only Wine Only Beer/Wine Beer/Wine/Hard Liquor
24. What is the price per drink? Beer \$ _____ Wine \$ _____ Liquor \$ _____

HISTORY

25. Number of years event has been previously held: _____
26. Was the insured an alcoholic beverage vendor for this event last year? Yes No
 If yes, indicate the liquor liability carrier and premium for last year's event: _____
27. **Have you ever incurred any liquor liability losses/claims** or been assessed a fine or received a citation for violation of a law concerning the sale, serving, or providing of alcoholic beverages **over the past 5 years?**
 Yes No

If yes, please explain: _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date