

### SPECIAL EVENT LIQUOR LIABILITY APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

#### TYPE OF EVENT

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Beer Garden/Beer Tent          | <input type="checkbox"/> Fund Raiser             | <input type="checkbox"/> Individual Vendor Booth   |
| <input type="checkbox"/> Car Show                       | <input type="checkbox"/> Motor Vehicle Race/Show | <input type="checkbox"/> Picnic                    |
| <input type="checkbox"/> Concerts/Musical Performance   | <input type="checkbox"/> Competition or Show     | <input type="checkbox"/> Sporting Event/Tournament |
| <input type="checkbox"/> Conventions/Trade Show/Exhibit | <input type="checkbox"/> Parade                  | <input type="checkbox"/> Wedding/Wedding Reception |
| <input type="checkbox"/> Festival                       | <input type="checkbox"/> Party/Social Event      | <input type="checkbox"/> Other _____               |

#### GENERAL INFORMATION

- Name of Applicant \_\_\_\_\_
  - Mailing Address \_\_\_\_\_
  - Describe Applicant's Role and Responsibility in Event \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Name of Additional Insured \_\_\_\_\_
  - Mailing Address \_\_\_\_\_
  - Additional Insured's Interest in Event \_\_\_\_\_
- Location of Event (name & address) \_\_\_\_\_
  - Will the event take place on the applicant's premises?  Yes  No
  - Location is:  Private Residence  Liquor-Licensed Establishment  Indoors  
 Convention Center  Stadium  Outdoors  
 Arena  Fair Grounds  Other \_\_\_\_\_ (Describe)
- Dates of Event: From \_\_\_\_\_ To \_\_\_\_\_  
(If one day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12 a.m.)
  - Desired Coverage Date(s): From \_\_\_\_\_ To \_\_\_\_\_
  - If event date(s) differs from desired coverage date(s), explain. \_\_\_\_\_  
\_\_\_\_\_
  - Is set-up and take-down coverage needed for additional dates?  Yes  No  
If yes, indicate dates and what exposure will include (i.e., any machinery):  
\_\_\_\_\_
  - Would you like to include a rain date?  Yes  No If yes, date: \_\_\_\_\_
- Hours of Event: From \_\_\_\_\_ a.m./p.m. To \_\_\_\_\_ a.m./p.m.  
If hours vary by date, describe. \_\_\_\_\_  
\_\_\_\_\_
- Full Schedule/Description and Purpose of Event (attach copy of brochure and/or flyer to this application).  
\_\_\_\_\_  
\_\_\_\_\_
  - Is this part of a larger function?  Yes  No If yes, describe. \_\_\_\_\_  
\_\_\_\_\_
- Will there be any Entertainment?  Yes  No  
If yes, describe (include names of performers & acts). \_\_\_\_\_  
\_\_\_\_\_
- Is there an Admission Charge?  Yes  No If yes, cost of admission per person. \_\_\_\_\_

9. a. **Estimated Total Attendees Per Day** \_\_\_\_\_  
 b. Average age of attendees \_\_\_\_\_  
 c. If applicant is an individual exhibitor/vendor, estimated attendees per day anticipated to visit their booth: \_\_\_\_\_  
 d. Attendance is:  Invitation Only  Open to the Public  
 e. Maximum capacity of facility holding the event: \_\_\_\_\_

10. Limits of Coverage Desired: \_\_\_\_\_

**HISTORY**

11. Number of years event has been previously held \_\_\_\_\_  
 12. Actual total attendance for prior year's event \_\_\_\_\_  
 13. Previous Carrier \_\_\_\_\_  
 14. Policy Number \_\_\_\_\_ Premium \_\_\_\_\_  
 15. Losses or claims during the past five years \_\_\_\_\_

**LIQUOR LIABILITY**

16. **Estimated number of attendees consuming alcohol daily** \_\_\_\_\_  
 17. a. Is applicant sole vendor of alcohol at event?  Yes  No If no, number of other alcohol vendors \_\_\_\_\_  
 b. Are all participating alcohol vendors required to carry minimum liquor liability limits for the event?  
 Yes  No If yes, minimum requirement \_\_\_\_\_  
 18. a. Will alcohol be dispensed by a professional bartender?  Yes  No  
 If no, describe how and by whom alcohol will be dispensed. \_\_\_\_\_  
 \_\_\_\_\_  
 b. Describe training and/or experience of persons serving alcohol. \_\_\_\_\_  
 \_\_\_\_\_  
 c. Measures in place to prevent service of alcohol to minors and/or intoxicated persons.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 19. If required, does applicant have a valid liquor license?  Yes  No  Not Required  
 20. a. Number of bars or areas at which alcohol will be dispensed at the event. \_\_\_\_\_  
 b. Is alcohol consumption confined to this (these) areas?  Yes  No  
 If no, describe. \_\_\_\_\_  
 c. Will there be an open bar?  Yes  No  
 d. Will alcohol be sold by the drink?  Yes  No If yes, cost per drink. \_\_\_\_\_  
 e. Is BYOB (bring your own bottle) or self-service of alcohol permitted?  Yes  No  
 21. Will food be sold or served?  Yes  No If yes, type of food available. \_\_\_\_\_  
 22. a. Estimated gross food receipts per day. \_\_\_\_\_  
 b. Estimated gross alcohol receipts per day. \_\_\_\_\_

**FRAUD STATEMENT**

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant\* \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (Must be Owner, Officer or Partner) (Required) (Required)

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_

\*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.