



## LIQUOR LIABILITY—SPECIAL EVENT APPLICATION

**Complete a separate application for each event.**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Event Location: \_\_\_\_\_  
 \_\_\_\_\_  
 Website Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**     Individual             Corporation             Partnership             Joint Venture  
                           Limited Liability Company             Other (Specify): \_\_\_\_\_

<b>LIMITS OF LIABILITY REQUESTED</b>	
Each Common Cause	Aggregate
\$ _____	\$ _____

**1. Description of event** (attach any flyers, brochures, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- a. Maximum daily attendance: \_\_\_\_\_ Total attendance: \_\_\_\_\_
- b. Length of event:  
 Less than one day (number of hours): \_\_\_\_\_ or More than one day (number of days): \_\_\_\_\_
- c. Does event advertising include responsible drinking public service messages?.....  Yes  No
- d. Is the applicant in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages? .....  Yes  No
- e. Will applicant's employees pour or serve alcoholic beverages?.....  Yes  No
- f. Will event volunteers be allowed to pour or serve alcoholic beverages?.....  Yes  No
- g. Are attendees allowed to bring their own alcoholic beverages?.....  Yes  No

- h. Will attendees to the event be allowed to self-serve themselves alcoholic beverages? .....  Yes  No
- i. Is liquor poured or served by others hired by the applicant or vendors at the event?.....  Yes  No
- If yes, do they have Liquor Liability coverage? .....  Yes  No
- Does applicant obtain Certificate of Insurance as evidence of their Liquor Liability coverage? .....  Yes  No

2. **Is this the first time applicant has held this event?** .....  Yes  No  
 If no, number of times previously held: .....

3. **Has applicant ever been assessed a fine for violation of a law concerning the sale of alcohol, or had their liquor license suspended/revoked?** .....  Yes  No  
 If yes, when and why? \_\_\_\_\_

4. **Name on liquor license:** \_\_\_\_\_ **Type of liquor license:** \_\_\_\_\_

5. **Estimated liquor receipts:** .....\$ \_\_\_\_\_  
**Other receipts:** .....\$ \_\_\_\_\_

6. **Average price for:** **beer** .....\$ \_\_\_\_\_  
**wine** .....\$ \_\_\_\_\_  
**liquor** .....\$ \_\_\_\_\_

7. **What is the liquor budget (cost) if liquor is being provided at no charge at the event?** .....\$ \_\_\_\_\_

8. **Number of servers:**..... \_\_\_\_\_

9. **Have all servers been through alcohol awareness server training (i.e., TIPS, TOPS)?** .....  Yes  No  
 Type of course: \_\_\_\_\_

10. **How often does the applicant review liquor liability laws with employees** (including penalties for serving intoxicated customers)? \_\_\_\_\_

11. **Are procedures in place regulating the sale of alcohol to minors and those under the influence?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_

How is age of customer verified? \_\_\_\_\_

Once age is verified, are wristbands or hand-stamps used to identify eligible attendees? .....  Yes  No

Are non-drinking designated drivers identified and issued separate wristbands or hand-stamps? .....  Yes  No

12. **Percent of attendees:** 25 and under: ..... %  
 26-30: ..... %  
 Over 30: ..... %

13. **Is there a designated area for serving and drinking alcohol?** (i.e., beer garden, bar area, etc.).....  Yes  No  
 If yes, is there an entrance fee or cover charge? .....  Yes  No  
 If yes, what is the amount? .....\$ \_\_\_\_\_

14. **Is there a limited number of alcoholic drinks “per purchase?”** .....  Yes  No  
 If yes, maximum number allowed: .....

15. **Are there on-site facilities for use to allow attendees to sober up prior to leaving the event?** .....  Yes  No

16. **Are alcohol sales ended a minimum of one hour before the end of the event?** .....  Yes  No

**17. Security Activities:**

Security provided (check all applicable):

- Bouncers       Doormen       Off Duty Police       Contracted Security Guards  
 Armed       Unarmed  
 Other—Describe: \_\_\_\_\_

Are sobriety checks used to identify possible intoxicated attendees as they leave the event? .....  Yes  No

**18. Any firearms allowed on event premises?** .....  Yes  No

**19. Are there procedures for handling violent or disruptive patrons?** .....  Yes  No

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

**20. Additional Insured Information:**

Name	Address	Interest

**21. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant?** (Not applicable in Missouri) .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**22. Prior Carrier Information:**

	Year:	Year:	Year:
<b>Carrier</b>			
<b>Policy No.</b>			

**23. Loss History:**

Indicate all Liquor Liability claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses in the last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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.