Liquor Liability—Special Event Application

Complete a separate application for each event.

Applicant's Name: _____

_____

Mailing Address: _____

_____

Event Location: _____

_____

Web site 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"

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify): _____

LIMITS OF LIABILITY REQUESTED	
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 event being held?** ..... ☐ 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 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. **Age of attendees:** Under 25 _____% 25-30 _____% 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 by (check all applicable)

☐ Bouncers ☐ Doormen ☐ Off Duty Police ☐ Contracted Security Firms

☐ Other—Describe: _____

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

Any firearms allowed on event premises? ..... ☐ Yes ☐ No

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

If yes, please describe? _____

19. Additional Insured Information:

Name	Address	Interest

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

If yes, explain: _____

_____

21. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			

22. Loss History:

Indicate all Liquor Liability injuries or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ Check if no losses 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 WARNINGS:

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 to Nebraska, Oregon or Vermont).**

NOTICE TO COLORADO APPLICANTS: 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

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.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____