

LIQUOR LIABILITY SPECIAL EVENTS SUPPLEMENTAL APPLICATION

This supplemental application must be attached to, and forms part of the **Liquor Liability Application** completed by the applicant. Please complete one application per event.

1) Applicant Name:

SECTION I – EVENT DETAILS

2) Name of event:

3) Description:

4) Location(s):

5) Dates:

6) Daily hours:

7) Website advertising the event:

If none, attach a flier or other form of advertisement.

SECTION II – UNDERWRITING INFORMATION

8) Is a liquor license required for this event? Yes No

If Yes, provide the name on the liquor license:

Type of liquor license:

9) Additional Insured (if any):

Mailing Address:

Interest in the Named Insured:

10) Please indicate desired Liquor Liability Limits:

\$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

Other:

11) Is assault and battery coverage requested? Yes No

If Yes, indicate desired limits:

\$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

Other:

12) Have you had any assault or battery related claims or occurrences over the past five years? Yes No

If Yes, explain:

13) Will there be entertainment? If Yes, fully describe including music genre:	Yes	No
14) a. Is all alcohol served in a controlled or fenced off area?	Yes	No
b. Can alcohol be taken from the area where it is served?	Yes	No
c. Can alcohol be brought in by attendees? If No to any of the above, describe measures in place to keep alcohol controlled:	Yes	No
15) a. Who is checking I.D.'s?		
b. When are I.D.'s checked?		
c. After ID's are checked, are wrist bands used, hands stamped, etc.?	Yes	No
d. Is anyone under 21 years of age allowed in the serving area?	Yes	No
e. Additional information regarding I.D. checking:		
16) a. Will there be professional bartenders? If yes, how many? If No, who will be serving the alcohol?	Yes	No
b. Have the bartenders attended a formal server training course (i.e. TIPS, TOPS, RAMP or TAM)? If Yes, indicate which server training course:	Yes	No
17) a. Will there be volunteer servers? If Yes, how many?	Yes	No
b. Have they attended a formal server training course (i.e. TIPS, TOPS, RAMP or TAM)? If Yes, indicate which server training course:	Yes	No
c. If volunteers have not attended any formal training course, describe instructions provided to volunteers to prevent the serving of underage or visibly intoxicated individuals:		
18) What type of security will be provided?		
19) a. Will you be the sole alcohol vendor at this event?	Yes	No
b. Are all of your vendors required to carry Liquor Liability Limits?	Yes	No
c. Are all of your vendors required to provide Certificates of Insurance to you?	Yes	No

SECTION III – RATING INFORMATION

20) Estimated total attendance per day:

21) Estimated number of attendees consuming alcohol per day:

22) Average age of crowd:

23) Estimated percentage of minors:

24) Estimated food and alcoholic beverage sales per day:

25) Estimated alcoholic beverage sales per day:

26) If there are no alcohol sales, what is your cost for alcoholic beverages?

27) Does the admission charge include alcoholic beverages? Yes No

28) How many alcoholic beverages are allowed each person per serving?

29) Attendance is: Invitation Only Open to Public

30) Alcohol served: Beer Only Wine Only Beer/Wine Beer/Wine/Hard Liquor

31) What is the price per drink? Beer: \$ Wine: \$ Liquor: \$

SECTION IV – HISTORY INFORMATION

32) Number of years' event has been previously held:

33) Were you an alcoholic beverage vendor for this event last year? Yes No

If Yes, indicate the Liquor Liability carrier, limits and premium for last year's event:

34) 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 alcohol beverages over the past five years?

Yes No

If Yes, explain:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: 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. *Applies in MD only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. * Applies in FL only.

Applicable in KS: 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: 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 and denial of insurance benefits. *Applies in ME only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.