

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

EVENT DETAILS

1. Name of Event:
2. Description:
3. Location(s):
4. Dates:
5. Daily Hours:
6. Website advertising the event:
If none, attach a flier or other form of advertisement.

UNDERWRITING INFORMATION

1. Is a liquor license required for this event? Yes No
If yes, provide the name on the Liquor:
License: Type of Liquor License?
2. Additional Insured (if any):
Mailing Address:
Interest in the Named Insured:
3. 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:			
4. Is assault and battery coverage requested? Yes No
If yes, indicate desired limits:

\$100,000/\$100,000	\$250,000/\$250,000	\$500,000/\$500,000	\$1,000,000/\$1,000,000
Other:			

- | | | | |
|-----|--|------------|----|
| 5. | Have you had any assault or battery related claims or occurrences over the past five years?
If yes, explain: | Yes | No |
| 6. | Will there be entertainment?
If yes, fully describe including music genre: | Yes | No |
| 7. | 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 event attendees? | Yes | No |
| | If no to any of the above, describe measures in place to keep alcohol controlled: | | |
| 8. | a. Who is checking I.D.'s? | | |
| | b. When are I.D.'s checked? | | |
| | c. After I.D.'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: | | |
| 9. | 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 |
| 10. | 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: | | |
| 11. | What type of security will be provided? | | |
| 12. | a. Will you be the sole alcohol vendor at this event? | Yes | No |
| | b. Are all of your vendors required to carry Liquor Liability coverage? | Yes | No |
| | c. Are all of your vendors required to provide Certificates of Insurance to you? | Yes | No |

RATING INFORMATION

1. Estimated total attendance per day:
2. Estimated number of attendees consuming alcohol per day:
3. Average age of crowd:
4. Estimated percentage of minors:

5. Estimated food and alcoholic beverage sales per day:
6. Estimated alcoholic beverage sales per day:
7. If there are no alcohol sales, what is your cost for alcoholic beverages?
8. Does the admission charge include alcoholic beverages? Yes No
9. How many alcoholic beverages are allowed each person per serving?
10. Attendance is: Invitation Only Open to Public
11. Alcohol served: Beer Only Wine Only Beer/Wine Beer/Wine/Hard Liquor
12. What is the price per drink? Beer: Wine: Liquor:

HISTORY INFORMATION

1. Number of years event has been previously held:
2. 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:
3. 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, please explain:

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. 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 nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. 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. 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:

Current Date:

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