

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:

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.

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.