

SPECIAL EVENT LIQUOR LIABILITY APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

- | | | |
|------------------------------------|-----------------------------|-------------------------------|
| TYPE OF EVENT | ___ Fund Raiser | ___ Concert |
| ___ Beer Garden/Beer Tent | ___ Motor Vehicle Race/Show | ___ Sporting Event-Tournament |
| ___ Show/Exhibit | ___ Competition or Show | ___ Wedding/Wedding Reception |
| ___ Car Show | ___ Parade | ___ Other(describe) |
| ___ Conventions/Trade Show/Exhibit | ___ Party/Social Event | |
| ___ Festival | ___ Individual Vendor Booth | |

GENERAL INFORMATION

1. a. Name of Applicant: _____
- b. Mailing Address: _____
- c. Describe Applicants Role and Responsibility in Event: _____

2. a. Name of Additional Insured: _____
- b. Mailing Address: _____
- c. Additional Insured's Interest in Event: _____

3. a. Location of Event (name & address): _____
- b. Will the event take place on the applicant's premises? _____
- c. Location of event is:
- | | | |
|--|--|---|
| <input type="checkbox"/> Private residence | <input type="checkbox"/> Licensed liquor establishment | <input type="checkbox"/> Indoors |
| <input type="checkbox"/> Convention center | <input type="checkbox"/> Stadium | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Arena | <input type="checkbox"/> Fairgrounds | <input type="checkbox"/> Other (describe) _____ |

4. a. Dates of event: From: _____ To: _____
- (If one day event, end date should be the same as start date.)
- b. Desired coverage date(s): From: _____ To: _____
- c. If event date(s) differs from desired coverage date(s), explain _____
- d. Is set-up and take down coverage needed for additional dates? Yes No
 If so, what are the dates and what will this exposure include? (ic. any machinery?)

- e. Would you like to provide a rain date? Yes No *If so, what date?* _____

5. Hours of event: From: _____ -am/pm To _____ -am/pm If hours vary by Date, describe: _____

6. a. Full Schedule/Description and Purpose of Event (Attach copy of brochure and/or flyer to the application):

7. Will there be any entertainment? Yes No *If yes describe* _____

8. Is there an admission charge? Yes No

9. a. ESTIMATED TOTAL ATTENDANCE PER DAY _____ b. Average age of attendees _____

c. If applicant is an exhibitor/vendor anticipated daily visitors _____

d. Attendance is by: Invitation only Open to the public

e. What is the maximum capacity of the facility holding the event? _____

10. Limits of Coverage Desired: _____

HISTORY

11. Number of years the event has been previously held: _____

12. Actual total attendance for prior year's event: _____

13. Previous carrier, policy number, and premium: _____

14. Losses or claims during the past five years: _____

15. ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY: _____

16 a. Is applicant sole vendor of alcohol at event? yes No If No, list number of other vendors serving alcohol _____

b. Are all participating alcohol vendors required to carry minimum liquor liability limits for the event? Yes No
If yes, what is the minimum requirement? _____

17. a. Will alcohol be dispensed by a professional bartender? Yes No
If no, describe how and by whom alcohol will be dispensed: _____

b. Describe training and/or experience of persons serving alcohol; _____

c. What measures are in place to prevent service of a minor and/or intoxicated persons? _____

18. If required does insured have a liquor license? Yes No

19. Number of serving areas? _____
Is alcohol consumption confined to these areas? Yes No

20. Is food being served? Yes No

NAME OF AUTHORIZED AGENT: _____

APPLICANT'S SIGNATURE: _____

DATE: _____