



SPECIAL EVENT & LIQUOR LIABILITY SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____
Mailing Address: _____
Location Address: _____
Website Address: _____ Phone: _____ Fax: _____
Policy Number: _____

SPECIAL EVENT INFORMATION

1. Applicant is: Individual Partnership Corporation For Profit Non-Profit
2. Dates coverage is required: From: _____ To: _____
 - a. Setup and tear down (date and time): _____
 - b. Event start and ending dates: _____ to _____
 - c. Hours of Event: _____ to _____
3. Limits Required: Each Occurrence _____ General Aggregate _____
(Note: Medical Payments Coverage may be excluded)
4. Coverage required (check all that apply):

<input type="checkbox"/> Premises/Operations	<input type="checkbox"/> Products/Completed Operations	<input type="checkbox"/> Contractual
<input type="checkbox"/> Personal/Advertising Injury	<input type="checkbox"/> Employees as Additional Insureds	<input type="checkbox"/> Personal Injury
5. Prior Carrier and Loss information:
 - a. Prior Carrier:

<u>Insurer Name</u>	<u>Policy Number</u>
_____	_____
_____	_____
 - b. Were there any losses? Yes No
If yes, provide details: _____

 - c. Provide details on any violations and/or citations with corrective measures taken:

6. Has the prospective insured previously held an event of this type? Yes No
If yes, for how many years: _____ Dates held last year: _____
7. Interest of Named Insured (ex. Booth Operator, Event Organizer): _____
8. Name of Event: _____
9. Location(s) of Event:
 - a. _____
 - b. _____
 - c. _____
10. Description of Event(s) (include copies of any promotional literature, advertising or event information sheet with activity details, and rental lease agreement): _____

11. Attendance: Each day: _____ No. of Adults 21 & over: _____ No. of Children under age 18: _____
 Total for all days: _____
12. What is the ticket/admission price? _____
13. Estimated Gross Sales for Food and Alcohol combined? _____
14. Does Event involve any of the following (check all that apply):
- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Aircraft of any type | <input type="checkbox"/> Boat Races | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Dancing | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Animal Rides | <input type="checkbox"/> Fireworks (Sale or Demonstration) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Auto/ATV/Motorcycle Races | <input type="checkbox"/> Hot Air Balloon Rides | |
| <input type="checkbox"/> Athletic Contest/Exhibitions | <input type="checkbox"/> Liquor/Beer/Wine served | |
- Musical Concerts:
- | | | | | |
|--|------------------------------------|-------------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Country/Western | <input type="checkbox"/> Classical | <input type="checkbox"/> Rap/Reggae | <input type="checkbox"/> Rock | <input type="checkbox"/> Other _____ |
|--|------------------------------------|-------------------------------------|-------------------------------|--------------------------------------|
15. List names of band(s) or performer(s) scheduled: _____

16. Describe any other entertainment not provided by the applicant: _____

17. Security:
- a. Type Provided: Armed Independent/Contracted Cost: \$ _____
 Unarmed Employee Payroll: \$ _____
- b. If security is Independent/Contracted: Are Certificates of Liability required? Yes No
 Name of firm: _____
18. Are any Independent Contractors, other than security, to be used? Yes No
 If Yes, describe type to be used: _____
19. Answer the following for all Independent Contractors:
- a. Limits of insurance carried by Independent Contractors: _____

- b. Are Independent Contractors to provide Certificates of Liability? Yes No
- c. Is applicant to be named as additional insured? Yes No
20. Are exhibitors (if any) required to provide Certificates of Liability insurance? Yes No
- a. If Yes, enter Limits: _____
- b. Is applicant to be named as additional insured? Yes No
21. Additional Insured(s):
- | <u>Name and Address</u> | <u>Interest</u> |
|-------------------------|-----------------|
| _____ | _____ |
| _____ | _____ |

LIQUOR LIABILITY INFORMATION

1. Name on Liquor License: _____
(Note: name must be the same as the Named Insured).
 Type of Liquor License: _____
2. Limits of Liability Requested (Liquor Only): _____
3. Is all alcohol served in a controlled or fenced off area? Yes No

4. a. Can alcohol be taken from the area where it is served? Yes No
 b. Can alcohol be brought in by attendees of the event? Yes No
 If 'no' to a. or b. above, describe measures in place to keep from occurring: _____

5. Identification verification:
 a. Who is checking IDs? _____
 b. When are IDs checked? _____
 c. After IDs are checked, are wrist bands used, hands stamped, etc.? Yes No
 d. Are minors allowed in the Beer Garden? Yes No
 e. Additional information regarding ID checking: _____

6. Will there be professional bartenders? Yes No
 a. If 'Yes', how many? _____
 b. If 'No', who will be serving the alcohol? _____
 c. Describe any formal serving courses that bartenders have attended (ex. ABC, TIPS, RAMP):

7. Is the applicant the sole alcohol vendor at this event? Yes No
 8. Are all vendors required to carry Liquor Liability coverage? Yes No

Rating Information

9. Estimated alcohol sales per day: \$ _____
 10. If there are no alcohol receipts, how much is the applicant spending on alcohol? \$ _____
 11. Does the admission charge include drinks? Yes No
 If yes, what is the cost of admission per person? \$ _____
 12. How many drinks are allowed per person? _____
 How is this monitored? _____
 13. Attendance is: Invitation Only Open To Public
 14. Alcohol served: Beer Only Wine Only Beer/Wine Beer/Wine/Hard Liquor
 15. What is the price per drink? \$ _____
 16. What is the size of cup or glass the alcohol is being served in? _____

History

17. If the applicant has been an alcohol vendor in previous years, list all Liquor Liability carriers for past three years:

Carrier	Expiration Date	Premium
		\$
		\$
		\$
		\$

