

SPECIAL EVENT APPLICATION

(If this is an application for a Bar, Private Club or Restaurant, a separate Liquor Liability Policy Application must be completed.)



I. APPLICANT INFORMATION SECTION

1. (a) Applicant name and address as shown on the Event and Liquor Permit:

City: _____ State: _____ County: _____

(b) Type of permit: _____ Expiration Date: _____ Closing Hour on permit _____

(c) Dates of Event: From: __ / __ / ____ To: __ / __ / ____

(d) Permit # _____ Issued By: _____

(e) Applicant is: Individual Estate Partnership Trustee Corporation Estate Trustee
 Government Subdivision Other _____

2. Name of Event: _____

3. Location of Event: _____

City: _____ State: _____ County: _____

4. Website Address of Event and Permit holder: _____

5. Event is held Indoors Outdoors

6. Event is located Inside Outside of corporate limits

7. Indicate the extent of applicant's involvement in the event:

- Sponsorship interest only (donates money, name used for advertising purposes only)
 Full organizational responsibility
 Partial organizational responsibility

8. Owner of property on which the event will be held: _____

9. Lien holder of property on which the event will be held: _____

*Please attach copies of all permits, contracts, agreements that contain hold harmless clauses.

II. COVERAGE REQUEST SECTION

10. Effective Date: _____ Expiration Date: _____

11. Limits of Liability:

Each Common Cause Limit \$ _____

Aggregate Limit: \$ _____

III. FINANCIAL CONDITION SECTION

Table with 2 columns for years 20__ and 20__ and rows for Alcohol on site consumption, Food, Package alcohol, Arts and other goods, Entertainment, Other, Total.

13. How many years:

(a) Has event been held at this location? _____ Under same management? _____

(b) Does applicant have managing special events of this nature? _____

IV. LIQUOR LIABILITY RISK CHARACTERISTICS SECTION

14. Estimate number of attendees of event: _____ Prior Year: _____
15. What alcoholic beverages will be sold or provided to attendees? Beer Wine Spirits
16. What are the hours of alcohol serving? From _____ to _____
17. How many servers of alcohol are planned for the event? _____
18. What type of background check is done on each alcohol server? _____
-
19. Alcohol awareness training completed:
- | | | | | | |
|------------|-------|-----------------|-------|---------|-------|
| Bartenders | _____ | Bouncers | _____ | Doormen | _____ |
| Managers | _____ | Security Guards | _____ | Servers | _____ |
20. Name of program completed? _____
-
21. Is the area in which alcohol is served fenced? Yes No
22. Who checks ID's and how are adults designated for sale of alcohol? _____
23. Will you contract out for security/bouncers? Yes No
24. Is there any concessionaire of alcohol outside designated alcohol sales and consumption area? Yes No
(If "Yes", give details) _____
25. Are employees permitted to consume alcohol during work hours? Yes No
26. Attendee base % by age:
- | | | | | | | | | | |
|-----|-------|-------|-------|-------|-------|-------|-------|-----|-------|
| <21 | _____ | 21-24 | _____ | 25-30 | _____ | 31-55 | _____ | >55 | _____ |
|-----|-------|-------|-------|-------|-------|-------|-------|-----|-------|
27. Are any guns kept on premises of the Event? Yes No
28. Area the event is located in is:
- | | | | |
|-------------------------------------|----------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Industrial | <input type="checkbox"/> Residential |
|-------------------------------------|----------------------------------------|-------------------------------------|--------------------------------------|
29. What is the capacity of the event location? Bar area _____ Dining area _____
30. Are there any sporting or other physical contests associated with this Event? Yes No
(If "Yes", please describe): _____
-
31. Is there a dance floor or dancing allowed? Yes No
(If "Yes", how large is the area?) _____ square feet
32. What is the cost of a drink? Beer _____ Wine _____ Mixed Drink/Whiskey _____
-
33. Does the event have a Happy Hour or other promotional events? Yes No
(If "Yes", give details) _____
-
-

34. Does risk offer:
- | | | | | |
|---------------------------------------------|-----|--------------------------|----|--------------------------|
| Multiple drink incentives (2 for 1) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Drink specials before 4pm and/or after 7 pm | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Complimentary/all you can drink specials | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Flaming/ignited drinks | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Shooters | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Bring your own booze (BYOB) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

(If "Yes" to any of the above, please describe each) _____

35. Is entertainment part of the event Yes No

(Check all that apply):

- Band C&W* Dancing Dinner Music Disco DJ Jukebox
 Mosh Pits Piano Polka Pyrotechnics Rap Rock* Video
 Other _____

*Original music or cover band? _____

How many days of event is entertainment provided? _____

V. RISK HISTORY SECTION

36. Provide full past loss history for liquor liability:

<u>Year</u>	<u>Previous Carrier</u>	<u># Claims</u>	<u>Claim Amount</u>	<u>Open/Closed</u>	<u>Past Premium</u>
Last Year					
1 st Prior year					
2 nd Prior year					

Large loss description for over \$25,000. claims (include amount paid and reserve):

General Liability Carrier: _____ Limits: _____
 Policy Number: _____ Expires: _____

Did General Liability carrier include or exclude assault and battery? Include Exclude

37. Have any citations been issued for liquor law violations in the past five (5) years? Yes No

(If "Yes", give details including dates, allegations and disposition): _____

38. Has your liquor license ever been suspended or revoked: Yes No

(If "Yes", give details including dates, allegations and disposition): _____

VI. AUTHORIZATION TO RELEASE INFORMATION SECTION

I hereby authorize the Company or its duly authorized representative to release any closed or pending claims information applicable to my liquor liability insurance.

VII. SIGNATURE SECTION

_____	_____	_____
Dated	Signature of /Insured Applicant	Title

The undersigned hereby warrants and certifies that:

- a. All information contained herein is correct ;
- b. This form was completed and then signed by the Insured/Applicant;
- c. A completed copy hereof has been given to the Insured/Applicant; and
- d. The undersigned is retaining a duplicate signed copy hereof.

_____	_____
Dated	Signature of producing Agent