

**Special Event Liquor Liability Coverage Supplemental Application**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Estimated Number of Attendees Consuming Alcohol Daily: \_\_\_\_\_

6. Does application have a valid liquor license or permit? Yes No

Note: If yes, a copy of valid license will be requested to be on file

5. Have all servers and bartenders completed a certified alcohol training course and alcohol awareness program such as (TIPS or TAM) Yes No

7. Number of Bars or Areas at which alcohol will be dispensed at this event: \_\_\_\_\_

a. Is alcohol consumption confined to this (these) areas? Yes No

If No, Describe: \_\_\_\_\_

c. Will there be an open bar? Yes No

d. Will alcohol be sold by the drink? Yes No

Cost per Drink: \_\_\_\_\_

Is BYOB permitted? Yes No

8. Has the applicant received any fines or citations in the last 5 years? Yes No

If Yes, please describe: \_\_\_\_\_

9. Has the applicant had a previous license and suspended or revoked? Yes No

10. Has the applicant had a liquor loss in the last 5 years? Yes No

If Yes, please describe: \_\_\_\_\_

11. Are written procedures in place for:

Checking ID: Yes No

Refusal of alcohol to Minors: Yes No

Refusal of alcohol to Intoxicated persons: Yes No

12. Estimated Gross Receipts per Day: Alcohol: \_\_\_\_\_

a. Total Estimated Gross Receipts for Event: Alcohol: \_\_\_\_\_

b. Is liquor included in the price of the event ticket? Yes No

Please provide breakout of liquor sales from Ticket \_\_\_\_\_

- A. Fraud Warning** 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 may be a crime.
- B. Applicant's Acknowledgment** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that
- a. this application will form part of any policy issued,
  - b. no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application.
  - c. no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and
  - d. only those persons eligible under the terms of an issued policy will be insured.

FRAUD STATEMENT/SIGNATURE LINE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date