



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

SPECIAL EVENTS LIQUOR LIABILITY / GENERAL LIABILITY APPLICATION

1. Producer Number: _____
2. Event Type:

<input type="checkbox"/> Beer Tent/Garden	<input type="checkbox"/> Charitable Fundraiser	<input type="checkbox"/> Fairs or Festivals	<input type="checkbox"/> Memorial Service
<input type="checkbox"/> Silent Auction	<input type="checkbox"/> Party	<input type="checkbox"/> Dinner	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Picnic	<input type="checkbox"/> Wedding	<input type="checkbox"/> Shower	<input type="checkbox"/> Recital
<input type="checkbox"/> Shows (Car, Planes, etc.)	<input type="checkbox"/> Reunion	<input type="checkbox"/> Tours	<input type="checkbox"/> Other: _____
3. Type of Facility for the Event:

<input type="checkbox"/> Private Residence	<input type="checkbox"/> Restaurant/Catering Hall	<input type="checkbox"/> Bar	<input type="checkbox"/> Dance Club
<input type="checkbox"/> Casino	<input type="checkbox"/> Fairground	<input type="checkbox"/> Private Club	<input type="checkbox"/> Convention Center
<input type="checkbox"/> Arena	<input type="checkbox"/> Hall	<input type="checkbox"/> Public Park	<input type="checkbox"/> Playground
<input type="checkbox"/> Street	<input type="checkbox"/> Ball Park	<input type="checkbox"/> Beach	<input type="checkbox"/> Dock
<input type="checkbox"/> Other Athletic/Sports	<input type="checkbox"/> Other _____		
4. Applicant's Legal Name: _____
5. Doing Business As: _____
6. Mailing Address: _____

7. Official Name of Event: _____
8. Contact Name: _____ Web Address: _____
Applicant's Phone Number: _____
9. Full schedule/description and purpose of event (attach copy of brochure and/or flyer to this application):
10. Location of Event: _____
11. Describe the applicant's role and responsibility in the event: _____
12. Date of Event: From: _____ To: _____
(If one day event, end date should be the same as the start date. Quote will contemplate coverage for events which continue past 12:00 am.)
13. Hours of Event: From _____ am pm To _____ am pm
14. If event hours or date(s) differ from desired coverage date(s), explain: _____

(Michigan only) The policy to which this application will apply is exempt from the filing requirements of MCL 500.2236.

15. Coverage Selection:

- Commercial General Liability & Liquor Liability (**All States EXCEPT AL & FL**)
 Liquor Liability only Commercial General Liability only (**available only in IL & IA**)

16. Limits of Coverage Desired:

Package General Liability & Liquor Liability (All States EXCEPT AL, FL, IA, & MN). NOTE: Assault & Battery is excluded for Liquor Liability and General Liability. General Liability coverage is not available in AL or FL.

Package Limits: \$100,000/\$200,000 \$300,000/\$600,000

Liquor Liability only (All states EXCEPT AL, IA, and MN). Assault & Battery is excluded.

Liquor Limits: \$100,000/\$200,000 (Not available in Illinois) \$300,000/\$600,000
 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

Iowa Only: Liquor Liability (monoline or packaged with General Liability). NOTE: Assault & Battery for Liquor Liability is included at occurrence limits.

Liquor Combined Single Limits:

\$150,000/\$300,000 \$200,000/\$400,000 \$300,000/\$600,000 \$400,000/\$800,000
 \$500,000/\$1,000,000 \$750,000/\$1,500,000 \$1,000,000/\$2,000,000

Liquor Split Limits:

\$50,000/\$100,000/\$200,000 (PD=\$5,000) \$50,000/\$100,000/\$200,000 (PD=\$50,000) \$75,000/\$150,000/\$300,000
 \$100,000/\$200,000/\$400,000 \$125,000/\$250,000/\$500,000 \$250,000/\$500,000/\$1,000,000

Iowa only: General Liability (monoline or packaged with Liquor Liability). NOTE: Assault & Battery for General Liability is excluded.

General Liability Limits: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

Minnesota only: Liquor Liability (monoline or packaged with General Liability). NOTE: Assault & Battery for Liquor Liability is included at occurrence limits. Liquor Liability coverage limits must be equal to or lower than the General Liability limits for a package policy.

Liquor Limits: \$300,000/\$310,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

Minnesota only: General Liability (must be packaged with Liquor Liability) NOTE: Assault & Battery for General Liability is excluded.

General Liability Limits: \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000
 \$1,000,000/\$2,000,000

17. Estimated total attendees per day: _____ Average age of attendees: _____

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

19. Is the event an all ages event or 18+ or 21+ patrons only? _____

20. Will there be overnight camping? Yes No

21. Water hazards? Yes No

If yes, describe: _____

22. Will attendees be permitted to swim, board, jet ski or fish? Yes No

23. Liquor Liability:

a. Is the applicant in the business of selling, serving or furnishing alcoholic beverages? Yes No

b. Is the applicant required to have a valid liquor license for the event? Yes No

c. Is the applicant the sole vendor/server of alcohol at the event? Yes No

If no, list number of other vendors/servers serving alcohol: _____

d. If there are multiple vendors, are all participating alcohol vendors/servers required to carry Liquor Liability limits for the event equal to or greater than the applicant? Yes No

e. Will alcohol be dispensed by a professional bartender or server that has taken a formal alcohol awareness training course? Yes No

If no, who will be serving the alcohol? _____

Describe alcohol servers: _____

f. Is there an admission charge? Yes No

Does admission include liquor? Yes No

g. Will employees or volunteers serve alcohol? Yes No

h. Will alcohol be sold by the applicant? Yes No

i. Will the applicant allow employees, independent contractors or volunteers to consume alcohol before, during, or after hours of employment? Yes No

j. Will attendees be allowed to self-serve alcohol? Yes No

k. Will there be an open bar? Yes No

l. Will there be a service bar only? Yes No

m. Will there be only beer and wine served? Yes No

n. Will attendees be able to bring in their own alcohol? Yes No

o. Will alcohol consumption be confined to certain areas? Yes No

p. Will alcohol be served or furnished without a charge? Yes No

q. Are IDs checked? Yes No

r. Are measures in place to prevent serving to minor and/or intoxicated patrons? Yes No

Describe control measures: _____

s. Will there be a limit placed on the number of alcoholic beverages purchased at a time? Yes No

t. Are alcohol sales stopped at least one hour before the end of event/closing? Yes No

24. Commercial General Liability:

a. Will the event feature any of the following: aircraft, bungee, climbing devices, contests demolition, dunk tank, firearms, fireworks, hot air balloons, inflatables, pyrotechnics, racing, rodeos, stunts, trampolines or watercraft? Yes No

b. Will the event feature exhibitions (race cars, equipment, etc.), demonstrations (cooking, glass blowing, etc.) or other activities not specified above? Yes No

If yes, demonstration or activity: _____

c. Will alcohol be allowed at the event? Yes No

d. Describe security, provided by:

Employee On Duty Police Independent Contractor None

If security is provided by independent contractors, are they required to carry their own insurance? Yes No

Will attendees be checked for weapons and alcohol upon entry? Yes No

e. Are vendors, attraction operators and performers required to carry insurance and to provide additional insured coverage to the applicant? Yes No

f. Is this a concert/musical event? Yes No

g. Are any local or national celebrities performing at the event? Yes No

Describe celebrity/celebrities: _____

h. Describe type of music: _____

i. Will there be exposure from any dancing, moshing, crowd surfing, stage diving or similar activities? Yes No

j. Will food be sold/served? Yes No

k. Is this a parade event? Yes No

l. Are there any athletic events? (Athletic participant coverage is not available.) Yes No

Athletic event level: Professional Amateur

Type(s) of athletic events: _____

Number of athletic events scheduled: _____

m. Any temporary bleachers, grandstands, seating, tents and/or temporary structures erected? Yes No

If so, by whom? _____

Do the installers carry insurance and do they provide additional insured coverage to the applicant? Yes No

n. Any babysitting, childcare services or programs offered? Yes No

o. Has the applicant confirmed that the venue has working emergency lighting, illuminated exit signs and panic door hardware. Yes No

p. Does the event have a Liquor Liability exposure including "BYOB"? Yes No

(We do not offer monoline General Liability coverage for an event if there is also a Liquor Liability exposure.)

25. History

a. Number of years this event has been held: _____

b. Was the applicant an alcoholic beverage vendor for this event last year? Yes No

Name of Liquor Liability carrier: _____

Name of General Liability carrier (if different): _____

Premium last year: \$_____

- c. Over the period of the last 5 years, have you incurred any General Liability, Liquor Liability or Assault & Battery losses/claims; or have you been assessed a fine or received a citation for violations of law concerning the sale, serving or providing of alcoholic beverages? Yes No

If yes, complete the following:

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Amount Reserved	Status of Claim (O=Open C=Closed)

27. Additional Insureds and Certificate Holders

INDICATE APPLICABLE SECTION(S)

Name: _____
 Address _____
 Interest _____

- Liquor Liability General Liability
 Additional Insured Certificate Holder

Name: _____
 Address _____
 Interest _____

- Liquor Liability General Liability
 Additional Insured Certificate Holder

Fraud Warnings:

Please refer to Acord 63 for state specific fraud warnings: This application cannot be considered complete until the signed ACORD 63 fraud warning statement has also been attached.

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 materially false information may be guilty of a criminal offense and may be subject to fines and confinement in prison, and denial of insurance benefits.

WARRANTIES AND REPRESENTATIONS

In submitting this application, the undersigned warrants and represents that:

- a) The information in this application and all attachments are true and complete as of the date submitted;
- b) Founders Insurance Company may, and is intended to rely upon such information in determining whether to issue insurance coverage and, if so, at what premium and upon what terms;
- c) Upon any change in circumstances which bear upon the accuracy or completeness of the undersigned's representations herein, he/she shall notify Founders Insurance Company immediately in writing and such notice shall become a part of this application;
- d) Founders Insurance Company may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- e) Neither the insured nor any principal with a control interest in the insured, has filed for bankruptcy within 12 months prior to the date the application is signed;
- f) General Liability insurance is carried by the insured at limits equal to or greater than Liquor Liability on our policy;
- g) The insured has and will maintain a valid liquor license prior to the insured selling, serving or distributing alcohol.
- h) The undersigned authorizes all former liability insurers and all accounting firms to disclose to Founders Insurance Company and/or its agents all available information concerning the undersigned's prior underwriting or claims history and liquor purchases and receipts, and releases all such former liability insurers and accounting firms, Founders Insurance Company and its agents from any liability resulting from such disclosures and use, even if such information is incomplete or erroneous;
- i) Upon submission of this application and at any time thereafter the undersigned shall make available to Founders Insurance Company and its agents access to the premises and operations to be insured for an inspection and copies of the last four (4) calendar quarters of sales tax returns;

- j) The submission of this application shall not bind Founders Insurance Company or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage; and
- k) Should Founders Insurance Company issue insurance coverage which is accepted by the undersigned:
 - 1) The undersigned shall allow Founders Insurance Company to audit its books, records, and operations, including an audit of the estimated liquor receipts to ensure their accuracy and/or actual liquor receipts for any relevant time period;
 - 2) The undersigned shall maintain accurate books and records of its liquor receipts for three (3) years following policy expiration and shall send to Founders Insurance Company copies of any documents requested;
 - 3) The premium payable for the insurance coverage is a deposit premium only and may be adjusted by Founders Insurance Company at any time during the policy period and up to three years after its expiration based upon the rates in effect at policy inception; and
 - 4) The undersigned shall pay any additional premium due to Founders Insurance Company within fifteen (15) days of receipt of an invoice.

Applicant's Signature: _____ **Title:** _____ **Date:** _____
 (Required) (Required) (Required)

Producer's Signature: _____ **Date:** _____
 (Required) (Required)