



## SPECIAL EVENTS

# LIQUOR LIABILITY / GENERAL LIABILITY APPLICATION

1. Producer Number, User Name: \_\_\_\_\_

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. 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 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.**



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 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 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 Applicant?  Yes  No

i. Will 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  
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? If yes, complete the following:  Yes  No

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

26. **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

### FOR APPLICANTS IN THE FOLLOWING STATES:

**COLORADO** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA – WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**MARYLAND** – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW YORK** – 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 is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA – WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON** – Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information, information concerning any material fact, may have committed a fraudulent insurance act, which may be a crime and may subject the person to penalties.

**PUERTO RICO** – Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

### FOR APPLICANTS IN ALABAMA, ARKANSAS, ARIZONA, LOUISIANA, NEW MEXICO AND WEST VIRGINIA:

Any person who knowingly presents a false claim or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

### FOR APPLICANTS IN MAINE, TENNESSEE, VIRIGINA AND WASHINGTON:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

### FOR APPLICANTS IN ALL OTHER STATES:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or claim containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

