



Liquor Liability Application: TEMPORARY EVENTS

All fields marked with an asterisk () are required for processing.

Policy Information

Named Insured: _____

D/B/A: _____

Mailing Address: _____ Phone Number: _____

Premises Address of Event: _____

*Insured Email: _____ Policy Term: from _____ to _____

*Hours of Event – Start: _____ End: _____ # of Days of Event: _____

LIMITS REQUESTED

- ___ \$50,000 per person/\$100,000 per occurrence/\$100,000 aggregate
- ___ \$100,000 per person/\$200,000 per occurrence/\$200,000 aggregate
- ___ \$250,000 per person/\$250,000 per occurrence/\$250,000 aggregate
- ___ \$300,000 per person/\$600,000 per occurrence/\$600,000 aggregate (*applicable to RI only*)
- ___ \$500,000 per person/\$1,000,000 per occurrence/\$1,000,000 aggregate
- ___ \$1,000,000 per person/\$1,000,000 per occurrence/\$2,000,000 aggregate

*Event Information

Type and purpose of Event: _____

Insured's interest in event: Host/Organizer? Yes ___ No ___ Vendor? Yes ___ No ___

Name of company serving/providing/pouring the alcohol: _____

Is there a designated bartender? Yes ___ No ___; Are bartenders trained in an alcohol awareness program? Yes ___ No ___

Name of Program: _____

Is there a designated area for drinking and what controls are in place to prevent over service? Yes ___ No ___; if yes, describe: _____

Are there other vendors/servers of alcohol for this event? Yes ___ No ___

If multiple vendors at event or if hiring outside services are all required to have liquor liability insurance in place?

Yes ___ No ___; If so at what limits? _____

Will there be Entertainment? Yes ___ No ___; If yes, describe: _____

*Optional Endorsements

Assault & Battery Endorsement – Select Sub limits below:

- ___ \$100,000/\$200,000/\$200,000 ___ \$300,000/\$600,000/\$600,000 (*applicable to RI only*)
- ___ \$250,000/\$500,000/\$500,000 ___ \$500,000/\$1,000,000/\$1,000,000 ___ \$1,000,000/\$1,000,000/\$2,000,000

I decline to purchase Assault & Battery Coverage ___

Property Damage Endorsement _____

Additional Insureds applicable to Liquor Policy

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

Additional Event Information for Liquor Liability Coverage

Class Code: 41 – Temporary Event – for single or multi-day events.

Estimated # of attendees consuming alcohol daily: _____; # of Days: _____

Is BYOB (bring your own bottle) allowed? Yes___ No___

Is there an overnight exposure? Yes___ No___

Will there be security at the insured event? Yes___ No___; If yes, who is responsible for the security?

Is there water exposure such as pool/lake/beach front? Yes___ No___; If yes, will the participants at the event have accessibility to boating/swimming/sailing? _____

Please attach an event brochure if applicable.

Event website: _____

Payment

Payment in full _____

Visit our [website - www.hmic.com](http://www.hmic.com) and select Pay Online tab to make payment.

Third Party Exclusion Acknowledgement

I acknowledge the liquor liability policy has an Exclusion for Third Party or Contracted Security. Anyone that I hire (other than my employees) are not covered under this policy. We will have no duty to defend or to pay damages for any claims or suits seeking damages. In order to protect your interests, you need to be added to your third party or contracted security companies insurance policy as an additional insured.

Insured Signature: _____ Date: _____

***Agents/Applicants Certification & Authorized Signatures**

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company’s reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant’s retail and wholesale purchases of alcoholic beverages.

Applicants Section

Applicants Name: _____ Title: _____

Telephone: _____ Email: _____

*Applicants Signature: _____ Date: _____

Agent/Broker’s Section

Name of Agency: _____ Name of Agent: _____

*Agents Signature: _____ Email: _____

Fraud statement: 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 material or 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 subjects such person to criminal and civil penalties.