



APPLICATION – SPECIAL EVENTS LIQUOR LIABILITY

**NOTE: Incomplete applications or applications unsigned by the applicant are unacceptable.
 (Must be packaged with Commercial General Liability covering the event.
 Complete in addition to General Liability Special Events Application)**

APPLICANT INFORMATION:

1. Named Insured – Liquor Licensee and address as they appear on the Liquor License or Permit for the event (attach copy of license or permit):	2. Name of Owner of Licensed Premises* for the event and address if different from Insured Licensee:
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*Optional: Use BG-L-421 *Additional Insured – Owners of Premises.*

3. Named Insured is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Other Organization, including a Corporation (describe)	
4. Applicant is: <input type="checkbox"/> Educational <input type="checkbox"/> Fraternal <input type="checkbox"/> Political <input type="checkbox"/> Civic <input type="checkbox"/> Religious <input type="checkbox"/> Other IRS-Recognized Non-Profit Organization (describe)	
5. Policy Period From ___ to Time of scheduled event: Begin ___: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. – End ___: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
6. Limits of Insurance: Each Common Cause Limit:\$ _____ Aggregate Limit:\$ _____	
7. Street address of event if different from the address on the Liquor License or Permit:	
8. Type of venue: <input type="checkbox"/> Park <input type="checkbox"/> Hotel <input type="checkbox"/> Convention Center <input type="checkbox"/> Armory <input type="checkbox"/> Beach <input type="checkbox"/> Resort <input type="checkbox"/> Other: ___ (describe)	
9. a. Complete description of event: b. Is there a separate area where alcohol is served and consumed? Describe: c. Are ALL patrons' IDs checked? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe ID verification procedures: _____	
10. a. Est. attendance per day: ___ people b. Max. capacity of loc. of event: ___ people c. Event will be held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors d. Food provided? <input type="checkbox"/> Yes <input type="checkbox"/> No (Ineligible) e. BYOL/B permitted <input type="checkbox"/> Yes (Ineligible) <input type="checkbox"/> No f. Beer and wine only <input type="checkbox"/> Liquor included <input type="checkbox"/> g. Are all alcohol-servers certified in a formal alcohol training course? <input type="checkbox"/> Yes <input type="checkbox"/> No Are all alcohol-servers professionally trained bartenders? <input type="checkbox"/> Yes <input type="checkbox"/> No (Ineligible)	
11. Unusual promotions? <input type="checkbox"/> Yes (Refer) <input type="checkbox"/> No If yes: <input type="checkbox"/> Bungee Jumping <input type="checkbox"/> Dunk Tank <input type="checkbox"/> Firearms shooting <input type="checkbox"/> Event held on watercraft <input type="checkbox"/> College fraternity or sorority function <input type="checkbox"/> Mechanical Bull <input type="checkbox"/> Midget or Go-cart racing <input type="checkbox"/> Swimming pool or other water exposure <input type="checkbox"/> Motorized Sport <input type="checkbox"/> Other:	
12. Experience: Has insured held this event previously? ___ Any prior claims? <input type="checkbox"/> Yes (give details below) <input type="checkbox"/> No a. If yes above, two or more claims arising out of customers and their automobiles? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes above, three or more in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No Details of claim(s): _____	
13. Within the past three years has applicant received any violations, fines or citations from local law enforcement, liquor control board, department of health or sanitation, bureau of ATF or other local, state or federal agencies? <input type="checkbox"/> Yes (give details in remarks) <input type="checkbox"/> No	
14. Any security present: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe a. Employees, independent service, on/off duty police? (describe) _____ b. If other than employees, are Certificates of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Is Security: <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed d. Is conflict avoidance training provided for security staff? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of employed: Security: _____ Bar Tenders: _____ Wait Persons: _____ Liquor Servers: _____	



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SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL

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).

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: 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).

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

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

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS



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APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email