

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"/> Memorial Service | <input type="checkbox"/> Shows (Cars, Planes, etc.) | <input type="checkbox"/> Reunion | <input type="checkbox"/> Tours |
| <input type="checkbox"/> Other _____ | | | |

3. Type of Facility of the Event:

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> Restaurant/Catering house | <input type="checkbox"/> Bar | <input type="checkbox"/> Dance Club |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Fair Ground | <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"/> Play Ground |
| <input type="checkbox"/> Street | <input type="checkbox"/> Ball Park | <input type="checkbox"/> Beach | <input type="checkbox"/> Dock |
| <input type="checkbox"/> Other athletic/sports facility | <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 & purpose of Event (attach copy of brochure and flyer to this application)

10. Location of Event: _____

11. Describe applicant's role and responsibility in event: _____

12. Date of event: _____ From: _____ to: _____

(If one day event, end date should be the same as as start date. Quote will contemplate coverage for events continue past 12:00 AM)

13. Hours of Event: From _____ AM PM to _____ AM PM

If hours vary by date, describe: _____

14. Desired coverage date(s): From: _____ to: _____

15. If event date(s) differs from desired coverage date(s), explain: _____

14. Is set-up and take-down coverage needed for additional dates? Yes No

*If yes, what are the dates and what will this exposure include?

*Will there be any heavy machinery used such as bulldozer's, backhoes, excavators, or any other type of industrial machinery (small forklifts and light machinery are acceptable)? Yes No

15. Will there be an entertainment? Yes No

*If yes, describe and include name of performers & acts: _____

16. Coverage Designed:

Commercial General Liability & Liquor Liability Commercial General Liability (available only in IL & IA)
 Liquor Liability only

***Maximum General Liability Limits are \$300,000. If both GL & Liquor are requested, limits must match.**

17. Limits of Coverage Desired: \$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

18. ESTIMATED TOTAL ATTENDEES PER DAY: _____ Average age of attendees: _____

19. What is maximum capacity of facility holding event? _____

20 Is the event an all ages event or 18+ or 21+ patrons only?

21. Attendance: Invite only Open to public

22. Will there be overnight camping? Yes No

23. Water Hazards? Yes No

*If yes, describe: _____

*Will attendees be permitted to swim, board, Jet Ski or fish? Yes No

*If yes, describe: _____

24. Liquor Liability

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

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

III. Name on the Liquor License _____ License # _____

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

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

V. 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

- VI. 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? _____
- VII. Will employees or volunteers serve alcohol? _____
- VIII. Will alcohol be sold by applicant? Yes No
- IX. Is there an admission Charge? Yes No
- X. Does the cost include liquor? Yes No
- XI. Will alcohol be allowed at event? Yes No
- XII. If sold, by whom?
 You Caterer or Vendor Facility Sponsor
- XIII. Will patrons be able to bring in their own alcohol? Yes No
- XIV. Will attendees be allowed to self serve alcohol? Yes No
- XV. Will alcohol consumption be confined to certain areas? Yes No
- XVI. Will there be open bar? Yes No
- XVII. Will alcohol be served or furnished without a charge? Yes No
- XVIII. Will food be sold/serviced? Yes No
- XIX. Are I.D.'s Checked? Yes No
- XX. What measures are in place to prevent serving to minor and/or intoxicated patrons?

- XXI. Any limit placed on number of alcoholic beverages purchased at a time? _____
- XXII. Will there be a service bar only? Yes No
- XXIII. Will there be only beer and wine served? Yes No
- XXIV. Alcohol Receipts: \$ _____ Food Receipts: \$ _____
 Other Receipts: \$ _____ Describe other sold goods & receipts: _____
- XXV. Is alcoholic sales stopped at least one hour before end of event/closing? Yes No

25. COMMERCIAL GENERAL LIABILITY

a. Will event feature any of the following:?

- | | | | | |
|---|---|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Hot air balloons | <input type="checkbox"/> Inflatables | <input type="checkbox"/> Rodeos | <input type="checkbox"/> Aircraft | <input type="checkbox"/> Bungee |
| <input type="checkbox"/> Climbing devices | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Dunk Tank | <input type="checkbox"/> Racing | <input type="checkbox"/> Contests |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Stunts | <input type="checkbox"/> Fire arms | <input type="checkbox"/> Fire works |
| <input type="checkbox"/> Trampoline | <input type="checkbox"/> Exhibitions: Race Cars, Equipment, etc. List _____ | | | |
| <input type="checkbox"/> Demonstrations: Cooking, Glass blowing, logging, wood carving, e.g. List _____ | | | | |
| <input type="checkbox"/> Other activities not specified: _____ | | | | |

b. i. Describe Security, provided by:

- Employee On Duty Police Independent Contractor

- ii. If security is provided by independent contractors are they required to carry their own insurance? Yes No
- iii. Will patrons be checked for weapons and alcohol upon entry? Yes No
- c. Are vendors, attraction operators, & performers required to carry insurance & provide Additional insured coverage to applicant? Yes No
- d. If this a CONCERT/MUSICAL EVENT? Yes No
- e. Any celebrities participating? Yes No
 Local _____ National _____
- f. Describe type of music: _____
 Local Performer National Performer
- g. Will there be exposure from any dancing, moshing, crowd surging, stage diving or similar activities? Yes No
- h. If this a PARADE EVENT? Yes No
- i. Are there any athletic events? (athletic participant coverage not available) Yes No
Type: _____
Number: _____
Professional: _____
Atmosphere: _____
- j. Any temporary bleachers, grandstands, seating, tents, temporary structures erected? Yes No
If so, by whom? _____
Do they carry insurance & provide additional insured coverage to applicant? Yes No
- k. Any babysitting, child care services or programs offered? Yes No
- l. Confirm the venue has working emergency lighting, lit exit signs & panic door hardware Yes No
- m. Does the event have a liquor liability exposure including "BYOB"? Yes No
(We do not offer mono-line General Liability coverage for an event if there is also a Liquor liability exposure)

26. HISTORY

- a. Number of years event has been previously held: _____
- b. Was the applicant an alcoholic beverage vendor for this event last year? Yes No
the liquor liability carrier & premium for last year's event _____
- c. Have you ever incurred **any General liability, liquor liability or Assault & Battery losses/claims** or been assessed a fine or received a citation for violations of law concerning the sale, serving or providing of alcoholic beverage over the past 5 years? Yes No
If yes, please explain _____

27. ADDITIONAL INSURED & CERTIFICATE HOLDERS

INDICATE APPLICABLE SECTION

Name _____

Liquor

GL

Address _____

Add'l Insured

Cert Holder

Interest _____

Name _____

Liquor

GL

Address _____

Add'l Insured

Cert Holder

Interest _____

28. FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject to the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).

(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

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

APPLICABLE IN 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.

APPLICABLE IN FLORIDA and OKLAHOMA

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 (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

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, 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 MAINE, TENNESSEE, VIRGINIA 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 a denial of insurance benefits.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

29. WARRANTIES & 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, 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; and
- e) 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.

Agent _____
(Signature)

Applicant _____
(Signature)

Date _____

Title _____ **Date** _____