



EVENT LIQUOR LIABILITY APPLICATION

Named Insured (as it is to appear on policy): _____

Contact Name: _____ Email: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Name Liquor License is in: _____

Liquor License Number: _____ Class of License: _____

Location of Premises: _____

1. Is coverage for a specific event? Yes No If yes, explain what kind of event, where event will be held and date of event(s). _____

2. Opening and closing hours of event: _____

3. Opening and closing hours of alcoholic beverage sales: _____

4. Are the alcohol sales and consumption contained by fencing within one fixed site? Yes No

If site is completely enclosed, are minors allowed to enter? Yes No

If no, are booths/stands located throughout the event site? Yes No

5. At what point of sale are I.D.'s checked? _____

6. How many security personnel are present? _____

7. Are rules and regulations clearly displayed for patrons' viewing? Yes No

Explain: _____

8. Is there a quantity limit per purchase? Yes No If yes, how many? _____

9. If there is entertainment provided, please explain: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date

Date