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**LIQUOR LIABILITY SPECIAL EVENT SUPPLEMENT APPLICATION**

Applicant:		Producer:	Account No.
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Business Telephone:		Telephone:	Fax:

Name on Liquor License:	Type of Liquor License:
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Additional Insured:	Additional Insured's Interest:
Address:	

Effective From:	To:	Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> Other:
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Limits of Liability Requested:	Type of Event:	Purpose of Event:
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Location of the Event:  
 (PLEASE PROVIDE A SKETCH OF THE AREA SO WE WILL HAVE A VISUAL IDEA OF THE LAYOUT.)

Full schedule of the event, including a description, the nature of and the purpose of the event. (Attach a brochure, flyer or other form of advertisement.)

Hours of the event? \_\_\_\_\_ If hours vary by date, please describe. \_\_\_\_\_

Is the alcohol being served in a controlled or fenced off area?  Yes  No

Can the alcohol be taken away from the area where it is being served?  Yes  No

Can alcohol be brought in by attendees of the event?  Yes  No

Who is checking the I.D.'s and when is this being done? \_\_\_\_\_

After I.D.'s are checked, are wrist bands used or are hands stamped?  Yes  No Describe: \_\_\_\_\_

Will there be professional bartenders?  Yes  No How Many? \_\_\_\_\_

If no professional bartenders, who is serving the alcohol? \_\_\_\_\_

Have these individuals attended any formal serving courses?  Yes  No Describe: \_\_\_\_\_

What type of security is being provided? \_\_\_\_\_

Is the applicant the sole vendor of the alcohol at this event?  Yes  No

Are all vendors required to carry Liquor Liability Coverage?  Yes  No

Will the insured be providing any entertainment?  Yes  No If any entertainment at this event, describe the type and where the entertainment is located. \_\_\_\_\_

**RATING INFORMATION**

Estimated Total Attendance Per Day: \_\_\_\_\_ Estimated Total Attendance Consuming Alcohol Per Day: \_\_\_\_\_

Average Age of Crowd: \_\_\_\_\_ Estimated Percent Consisting of Minors: \_\_\_\_\_

Estimated Food and Beverage Sales Per Day: \_\_\_\_\_ Estimated Alcohol Sales Per Day: \_\_\_\_\_

Average Age of Crowd: \_\_\_\_\_ Estimated Percent Consisting of Minors: \_\_\_\_\_

If there are no liquor receipts, how much is insured spending on alcohol? \_\_\_\_\_

Does the admission charge include drinks?  Yes  No If yes, what is the admission charge per person? \_\_\_\_\_

How many drinks are allowed per person? \_\_\_\_\_ Attendance is:  Invitation Only  Open to the Public

Alcohol Beverage Will Be:  Beer Only  Wine Only  Beer & Wine  Beer, Wine & Hard Liquor

What is the price per drink? \_\_\_\_\_

**HISTORY**

Number of Years the Event Has Been Previously Held: \_\_\_\_\_

If insured was an alcohol vendor in previous years, who was the liquor liability carrier: \_\_\_\_\_

Losses or claims in the last five years?  Yes  No If yes, describe and advise what was paid.

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**FRAUD STATEMENT**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.**

WARRANTY STATEMENT – I have read this application and I declare that to the best of my knowledge and belief, all of the foregoing statements are true and accurate, and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I agree that this application will be made a part of the policy, should the Company evidence its acceptance of this application by issuance of a policy.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_