

Special Event Liquor Liability Coverage Supplemental Application

Name of Applicant: _____

Address of Applicant: _____

Description of Event: _____

Estimated Number of Attendees Consuming Alcohol Daily: _____

6. Does application have a valid liquor license or permit? Yes No

Note: If yes, a copy of valid license will be requested to be on file

5. Have all servers and bartenders completed a certified alcohol training course and alcohol awareness program such as (TIPS or TAM) Yes No

7. Number of Bars or Areas at which alcohol will be dispensed at this event: _____

a. Is alcohol consumption confined to this (these) areas? Yes No

If No, Describe: _____

c. Will there be an open bar? Yes No

d. Will alcohol be sold by the drink? Yes No

Cost per Drink: _____

Is BYOB permitted? Yes No

8. Has the applicant received any fines or citations in the last 5 years? Yes No

If Yes, please describe: _____

9. Has the applicant had a previous license and suspended or revoked? Yes No

10. Has the applicant had a liquor loss in the last 5 years? Yes No

If Yes, please describe: _____

11. Are written procedures in place for:

Checking ID: Yes No

Refusal of alcohol to Minors: Yes No

Refusal of alcohol to Intoxicated persons: Yes No

12. Estimated Gross Receipts per Day: Alcohol: _____

a. Total Estimated Gross Receipts for Event: Alcohol: _____

b. Is liquor included in the price of the event ticket? Yes No

Please provide breakout of liquor sales from Ticket _____

FRAUD STATEMENT/SIGNATURE LINE

Signature

Date