

## SPECIAL EVENTS

# LIQUOR LIABILITY / GENERAL LIABILITY APPLICATION

1111 E. Touhy Ave., Suite 300  
Des Plaines, IL 60018  
Toll Free Tel: (800) 972-8778 Fax :(847) 795-0061

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** \_\_\_\_\_