

**SPECIAL EVENT APPLICATION**

(If this is an application for a Bar, Private Club or Restaurant, a separate Liquor Liability Policy Application must be completed.)

**I. APPLICANT INFORMATION SECTION**

1. (a) Applicant name and address as shown on the Event and Liquor Permit:

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

(b) Type of permit: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Closing Hour on permit \_\_\_\_\_

(c) Dates of Event: From: \_\_ / \_\_ / \_\_\_\_ To: \_\_ / \_\_ / \_\_\_\_

(d) Permit # \_\_\_\_\_ Issued By: \_\_\_\_\_

(e) Applicant is:  Individual Estate  Partnership Trustee  Corporation  Estate  Trustee  
 Government Subdivision  Other \_\_\_\_\_

2. Name of Event: \_\_\_\_\_

3. Location of Event: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

4. Website Address of Event and Permit holder: \_\_\_\_\_

5. Event is held  Indoors  Outdoors

6. Event is located  Inside  Outside of corporate limits

7. Indicate the extent of applicant's involvement in the event:

- Sponsorship interest only (donates money, name used for advertising purposes only)
- Full organizational responsibility
- Partial organizational responsibility

8. Owner of property on which the event will be held: \_\_\_\_\_

9. Lien holder of property on which the event will be held: \_\_\_\_\_

**\*Please attach copies of all permits, contracts, agreements that contain hold harmless clauses.**

**II. COVERAGE REQUEST SECTION**

10. Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

11. Limits of Liability:

Aggregate Limit: \$ \_\_\_\_\_

Split Limits	Injury, Each Person:	\$ _____	Injury, Each Occurrence:	\$ _____
	Injury to Means of Support or Loss of Society, Each Occurrence:	\$ _____	Damage, Each Occurrence:	\$ _____

Combined Single Limit: \$ \_\_\_\_\_



33. Does the event have a Happy Hour or other promotional events? Yes  No   
(If "Yes", give details) \_\_\_\_\_

34. Does risk offer:

Multiple drink incentives (2 for 1)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Drink specials before 4pm and/or after 7 pm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complimentary/all you can drink specials	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Flaming/ignited drinks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Shooters	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bring your own booze (BYOB)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(If "Yes" to any of the above, please describe each) \_\_\_\_\_

35. Is entertainment part of the event Yes  No

(Check all that apply):

- Band  C&W\*  Dancing  Dinner Music  Disco  DJ  Jukebox  
 Mosh Pits  Piano  Polka  Pyrotechnics  Rap  Rock\*  Video  
 Other \_\_\_\_\_

\*Original music or cover band? \_\_\_\_\_

How many days of event is entertainment provided? \_\_\_\_\_

#### V. RISK HISTORY SECTION

36. Provide full past loss history for liquor liability:

<u>Year</u>	<u>Previous Carrier</u>	<u># Claims</u>	<u>Claim Amount</u>	<u>Open/Closed</u>	<u>Past Premium</u>
Last Year					
1 <sup>st</sup> Prior year					
2 <sup>nd</sup> Prior year					

Large loss description for over \$25,000. claims (include amount paid and reserve):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Liability Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Did General Liability carrier include or exclude assault and battery?  Include  Exclude

37. Have any citations been issued for liquor law violations in the past five (5) years? Yes  No

(If "Yes", give details including dates, allegations and disposition): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

38. Has your liquor license ever been suspended or revoked: Yes  No

(If "Yes", give details including dates, allegations and disposition): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**VI. PREMIUM AND AUDIT INFORMATION SECTION**

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All premiums for this policy shall be computed in accordance with the Company's rules, rates, rating plans, premiums and minimum premiums applicable to the insurance afforded herein. Premium shown in this policy as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period.

Audit premiums are due and payable on notice to the first Named Insured. If the total earned premium for the Policy Period exceeds the estimated advanced premium paid, the Named Insured will pay the excess to us. If less, we will return to the Named Insured the unearned portion paid, but not less than the policy writing minimum premium.

I hereby apply to the Company for a policy of insurance as set forth in this Application on the basis of the statements contained herein. If any facts on the Application are found to be inaccurate, I agree that the premium may be increased from inception to reflect any incremental risk. I understand a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. If a report is made, additional information as to the nature and scope of the report; will be provided upon written request. I agree to submit my records for audit by the Company upon termination or expiration of the policy for the determination of actual gross receipts during period of coverage if requested.

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**VII. ACCEPTANCE AND AVOIDANCE SECTION**

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I agree that such policy may be, in accordance with 215 ILCS 5/154 of the Illinois law, void in the event a misrepresentation, false warranty or condition has been stated in the policy, endorsement or rider attached thereto, or Application therefore, if the misrepresentation, false warranty or condition was made with actual intent to deceive or materially affects either the acceptance of the risk or hazard assumed by the Company.

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**VIII. AUTHORIZATION TO RELEASE INFORMATION SECTION**

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I hereby authorize the Company or its duly authorized representative to release any closed or pending claims information applicable to my liquor liability insurance.

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**IX. SIGNATURE SECTION**

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_____ Dated	_____ Signature of /Insured Applicant	_____ Title
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The undersigned hereby warrants and certifies that:

- a. All information contained herein is correct ;
- b. This form was completed and then signed by the Insured/Applicant;
- c. A completed copy hereof has been given to the Insured/Applicant; and
- d. The undersigned is retaining a duplicate signed copy hereof.

_____ Dated	_____ Signature of producing Agent
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