

# APPLICATION FOR SPECIAL EVENTS-LIQUOR LIABILITY INSURANCE

## CENTREX LIQUOR LIABILITY PROGRAM (fields in red are required)

1. Type of Application:

New  Renewal

Expiring Policy: \_\_\_\_\_

Surplus Lines Producer: \_\_\_\_\_

City/State: \_\_\_\_\_

Contact: \_\_\_\_\_

All questions must be answered fully. Incomplete or inaccurate answers will cause delay in processing and may cause coverage to be declined or rescinded after issuance. Use "NONE" or "N/A" where applicable. Attach brochure/flyer if available. APPLICATION MUST BE COMPLETED, SIGNED AND DATED BY A PRINCIPAL OF THE FIRM OR ENTITY APPLYING FOR COVERAGE.

2. Dates of Event

From: \_\_\_\_\_

To: \_\_\_\_\_

Hours of Event Each Day:

Day

From

To

3. Limits Requested:

\$50,000

\$100,000

\$200,000

\$300,000

\$500,000

\$1,000,000

4. Name of Applicant (show all names including legal and dba's): \_\_\_\_\_

Applicant's Mailing Address (city, state and zip): \_\_\_\_\_

Event Name (if applicable): \_\_\_\_\_

Event Site Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

5. Form of business:  Individual  Joint Venture  Partnership  Corporation  Limited Liability Company  Other: \_\_\_\_\_

6. \*Description of Event including age of crowd, type of crowd & any unusual exposure (e.g. races, mechanical rides, etc.)

**\*INCLUDE A COPY OF THE EVENT BROCHURE/FLYER, IF AVAILABLE.**

# of Years Event Held \_\_\_\_\_

7. Describe Entertainment \_\_\_\_\_

If live musical entertainment, describe type of music:  Top 40  Classic Rock & Roll  Soft Rock  Jazz  R&B  Rap  Alternative  Disco  Country/Western  Other; describe: \_\_\_\_\_

8. Does Applicant allow dancing?  Yes  No If yes, Size of dance floor: \_\_\_\_\_ square feet

9. Type of Alcohol served & price per drink

Beer/Ale \$ \_\_\_\_\_

Wine \$ \_\_\_\_\_

Liquor \$ \_\_\_\_\_

If alcohol is not sold by the drink, explain below: \_\_\_\_\_

Does Applicant allow BYOB (Bring Your Own Bottle)?  Yes  No

10. Estimated Total Attendance at this event \_\_\_\_\_

11. Provide Applicant's sales, AT THIS EVENT, for food and all alcoholic beverages (liquor, beer, and wine) below:

\$ \_\_\_\_\_ Alcohol    \$ \_\_\_\_\_ Food    \$ \_\_\_\_\_ Other    \$ \_\_\_\_\_ Total

12. Liquor License Required?  Yes  No

Does the applicant have a Liquor License?  Yes  No

13. Does Applicant check ID's?  Yes  No

14. Who will be serving the alcoholic beverages?  Volunteers  Applicant's Employees  Hired bartenders  Self-serve  Other: \_\_\_\_\_

Do Servers receive training?  Yes  No If yes, explain: \_\_\_\_\_

15. Is the Alcohol Serving area separate from other areas?  Yes  No Explain: \_\_\_\_\_

16. Describe Security to be used for the Event: \_\_\_\_\_

17. In addition to the applicant, will there be any other operations serving alcoholic beverages?  Yes  No If yes, how many? \_\_\_\_\_

18. Does Applicant carry General Liability insurance?  Yes  No If yes, effective from: \_\_\_\_\_ to \_\_\_\_\_  
 Insurer: \_\_\_\_\_ Limit of Liability: \$ \_\_\_\_\_

19. Has the Applicant carried Liquor Liability Insurance, which covered this event in the past?  Yes  No If yes, effective from: \_\_\_\_\_ to \_\_\_\_\_  
 Insurer: \_\_\_\_\_ Limit of Liability: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

HAS ANY COMPANY CANCELLED OR DECLINED ANY SIMILAR INSURANCE TO THE APPLICANT IN THE PAST THREE YEARS?  Yes  No  
 If yes, explain: \_\_\_\_\_

20. Liquor Liability Claims & Incidents

In the past 5 years, has Applicant or any owner, partner, member, officer or licensee had any Liquor Liability claims or incidents that might give rise to such a claim, whether insured or not?  Yes  No If yes, how many claims or incidents? \_\_\_\_\_ Give details below:

	Date of Incident	Date of Claim	Amount Paid	Amount Reserved	Status (Open/Closed)	Description of Incident/Claim
A	_____	_____	_____	_____	_____	_____
B	_____	_____	_____	_____	_____	_____
C	_____	_____	_____	_____	_____	_____

21. Is coverage needed for Additional Insureds:  A-None  B-Lessor/Property Manager  C-Vendor  D-Franchisor Vendors Only-product type: \_\_\_\_\_  
 Name/Address/Interest: \_\_\_\_\_  
 Name/Address/Interest: \_\_\_\_\_  
 Name/Address/Interest: \_\_\_\_\_

22. Any other pertinent information or expansion on any other question(s):  
 \_\_\_\_\_

BY SIGNING THIS APPLICATION, THE APPLICANT:

- 1) Certifies that the information contained in this application is true and accurate to the best of his/her knowledge and belief; and
- 2) Acknowledges that the information contained herein will be the basis upon which the Insurer may issue a Liquor Liability policy to the applicant; and
- 3) Acknowledges that if the Insurer issues a Liquor Liability policy and if any information contained herein is misleading or false, the Insurer may have the right to rescind the Liquor Liability policy which may be issued pursuant to this application; and
- 4) Acknowledges that the Insurer is not bound to provide any insurance coverage.

SIGNATURE OF APPLICANT: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Retail Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## State Fraud Warnings – by State

### 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

### Florida:

"Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

### Hawaii:

"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

### Kentucky:

"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."

### Louisiana or West Virginia:

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

### Maine:

"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 denial of insurance benefits."

### Maryland:

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison."

### New Jersey:

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

### New Mexico:

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties."

### New York:

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation."

### Ohio:

"Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

### Pennsylvania:

"Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim 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 such person to criminal and civil penalties."

### Tennessee or Virginia or 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 include imprisonment, fines and denial of insurance benefits."

### For All other States:

NOTICE: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.