

IAT Group
Special Products Division
PO Box 3328
Omaha, NE 68103
1-888-389-0598

___ **Acceptance Indemnity Insurance Company**
___ **Acceptance Casualty Insurance Company**
___ **Occidental Fire & Casualty Insurance Company**
___ **Wilshire Insurance Company**

LIQUOR LIABILITY SPECIAL EVENT APPLICATION

1. Name of Applicant: _____
Mailing Address: _____
Applicant is: Individual _____ Partnership _____ Joint Venture _____ Corporation _____
Web Site Address: _____
2. **Name on Liquor License:** _____
Note the name on the Liquor License must be the same as the Named Insured.
Type of Liquor License: _____
3. Name of Additional insured: _____
Mailing Address: _____
Interest in the Named Insured: _____
4. Limits of Liability Requested: _____
5. Desired Date(s) of Coverage: _____ to _____
6. Hours of the Event per day: _____ A.M. to _____ P.M.
7. Type and Purpose of Event: _____
8. Location of Event: _____
9. **Provide a sketch of the outdoor event and identify where the beer gardens are.**
10. Advise the number of entrances and exits to the;
Event _____
Beer Garden _____
11. Provide a copy of the scheduled events: _____
(Attach a Brochure, Flyer or any other form of Advertisement for the event).
12. Is the alcohol being served in controlled or fenced off area? _____ YES _____ NO
13. Can the alcohol be taken away from the area where it is being served? _____ YES _____ NO
14. Can the alcohol be brought in by attendees of the event? _____ YES _____ NO
15. What prevents #13. and #14. from occurring? _____

16. Who is checking the I.D.'s? _____
 When are I.D.'s checked? _____
 After I.D.'s are checked, are wrist bands used, hands stamped, etc.? _____ YES _____ NO
 Are minors allowed in the Beer Garden? _____ YES _____ NO
 Feel free to offer additional information regarding I.D. checking: _____
17. Will there be professional bartenders? _____ YES _____ NO If yes, how many? _____
 If no professional bartenders are used, who is serving the alcohol? _____
 Have the bartenders attended any formal serving courses ie...TABC, TIPS, RAMP? Describe: _____
18. What type of security is being provided? _____
19. Is the applicant the sole vendor of the alcohol at this event? _____ YES _____ NO
20. Are all vendors required to carry Liquor Liability coverage? _____ YES _____ NO
21. Will the insured be providing any entertainment? _____ YES _____ NO
 If yes, describe: _____
22. If there is entertainment at this event and the insured is not responsible for providing it, advise what the entertainment is. _____

RATING INFORMATION

- 1a. Estimated total attendance **per day**: _____
 Estimated total attendance consuming alcohol per day: _____
 Average age of crowd: _____
 Estimated percent consisting of minors: _____
- 2a. Estimated food and beverage sales **per day**: _____
- 3a. Estimated alcohol sales **per day**: _____
- 4a. If there are no alcohol receipts, how much is the insured spending on alcohol? _____
- 5a. Does the admission charge include drinks? _____ YES _____ NO
 If yes, what is the cost of admission per person? _____
- 6a. How many drinks are allowed per person? _____
 How is this monitored? _____
- 7a. Attendance is: _____ Invitation Only _____ Open To Public
- 8a. Alcohol served: _____ Beer Only _____ Wine Only _____ Beer/Wine _____ Beer/Wine/Hard Liquor
- 9a. What is the price per drink? _____
- 10a. What is the size of cup or glass the alcohol is being served in? _____

HISTORY

1b. Number of years Event has been previously held: _____

2b. If the insured has been an alcohol vendor in previous years, who was the Liquor Liability carrier? _____

3b. Any losses or claims in the last 5 years? _____ YES _____ NO
If yes, advise what was paid and describe the violation: _____

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.

Applicants Signature

Date

Agency

Title

Date

Signature/Broker

Address

City, State & Zip