

APPLICATION FOR SPECIAL EVENTS-LIQUOR LIABILITY INSURANCE

CENTREX LIQUOR LIABILITY PROGRAM

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 Incomplete or inaccurate answers will cause delay in processing and may cause coverage to be declined or rescinded after issuance.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

<input type="checkbox"/> Beer/Ale	\$ _____	If alcohol is not sold by the drink, explain below: _____
<input type="checkbox"/> Wine	\$ _____	
<input type="checkbox"/> Liquor	\$ _____	

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 Alcohol Serving area separate from other areas? Yes No Explain: _____

16. Describe Security to be used for the Event _____

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

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

19. Liquor Liability Insurance 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 any Additional Insureds: A-None B-Lessor *C-Other: _____ describe interest
If B or C, Give Name & Address: _____

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.

Please refer to the attached fraud warning, which is applicable to the state in which the premises to be insured is located.

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

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.

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:

"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."

State Fraud Warnings – by State (continued)

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:

"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."