

## SPECIAL EVENTS

### LIQUOR LIABILITY / GENERAL LIABILITY APPLICATION

**Founders Insurance Company**  
1350 E. Touhy Ave., Ste. 200W  
Des Plaines, IL 60018-3303  
Toll Free Tel: (800) 972-8778  
Fax: (847) 795-0061  
[comnewbusiness@foundersinsurance.com](mailto:comnewbusiness@foundersinsurance.com)

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"/> Shows (Car, 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 Hall | <input type="checkbox"/> Bar          | <input type="checkbox"/> Dance Club        |
| <input type="checkbox"/> Casino                | <input type="checkbox"/> Fairground               | <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"/> Playground        |
| <input type="checkbox"/> Street                | <input type="checkbox"/> Ball Park                | <input type="checkbox"/> Beach        | <input type="checkbox"/> Dock              |
| <input type="checkbox"/> Other Athletic/Sports | <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 and purpose of event (attach copy of brochure and/or flyer to this application):

10. Location of Event: \_\_\_\_\_  
\_\_\_\_\_

11. Describe Applicant's role and responsibility in the event: \_\_\_\_\_

12. Date of Event: From: \_\_\_\_\_ To: \_\_\_\_\_

(If one day event, end date should be the same as the start date. Quote will contemplate coverage for events which continue past 12:00 am)

13. Hours of Event: From \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm

If hours vary by date, describe: \_\_\_\_\_

14. If event date(s) differs from desired coverage date(s), explain: \_\_\_\_\_

15. Coverage Selection:

Commercial General Liability & Liquor Liability (**All states EXCEPT AL & FL**)

Liquor Liability only  Commercial General Liability only (**available only in IL**)

16. Limits of Coverage Desired:

**Package General Liability & Liquor Liability (All States EXCEPT AL, FL, IL & MN. General Liability coverage is not available in AL or FL.):**

Coverage Limits:  \$100,000/\$200,000  \$300,000/\$600,000

**Package General Liability & Liquor Liability for Illinois. (Monoline General Liability coverage is available in IL at these same limits):**

Coverage Limits:  \$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

**General Liability for Minnesota (must be packaged with Liquor Liability):**

Coverage Limits:  \$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

**Liquor Liability for Minnesota (monoline or packaged with General Liability). NOTE: Assault & Battery for Liquor Liability is included at occurrence limits.\*\*:**

Coverage Limits:  \$300,000/\$310,000  \$300,000/\$600,000;  \$500,000/\$1,000,000  
 \$1,000,000/\$1,000,000  \$1,000,000/\$2,000,000

**\*\* Liquor Liability coverage limits must be equal to or lower than the General Liability coverage limits for a Special Events package policy.**

**Liquor Liability only (All states EXCEPT AL and MN):**

Coverage Limits:  \$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

**Liquor Liability only for Alabama:**

Coverage Limits:  \$100,000/\$200,000

17. Estimated total attendees per day: \_\_\_\_\_ Average age of attendees: \_\_\_\_\_

18. What is maximum capacity of facility holding event? \_\_\_\_\_

19. Is the event an all ages event or 18+ or 21+ patrons only? \_\_\_\_\_

20. Will there be overnight camping?  Yes  No

21. Water hazards?  Yes  No

\*If yes, describe: \_\_\_\_\_

\*Will attendees be permitted to swim, board, jet ski or fish?  Yes  No

**22. 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. Is Applicant the sole vendor/server of alcohol at event?  Yes  No

If no, list number of other vendors/servers serving alcohol: \_\_\_\_\_

IV. 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

V. 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? \_\_\_\_\_

Describe alcohol servers \_\_\_\_\_

VI. Is there an admission charge?  Yes  No

Does admission include liquor?  Yes  No

VII. Will employees or volunteers serve alcohol?  Yes  No

VIII. Will alcohol be sold by Applicant?  Yes  No

IX. Will Applicant allow employees, independent contractors or volunteers to consume alcohol before, during, or after hours of employment?  Yes  No

X. Will attendees be allowed to self-serve alcohol?  Yes  No

XI. Will there be an open bar?  Yes  No

XII. Will there be a service bar only?  Yes  No

XIII. Will there be only beer and wine served?  Yes  No

XIV. Will attendees be able to bring in their own alcohol?  Yes  No

XV. Will alcohol consumption be confined to certain areas?  Yes  No

XVI. Will alcohol be served or furnished without a charge?  Yes  No

XVII. Are IDs checked?  Yes  No

XVIII. What measures are in place to prevent serving to minor and/or intoxicated patrons?  Yes  No

Describe control measures

XIX. Will there be a limit placed on number of alcoholic beverages purchased at a time?  Yes  No

XX. Is alcoholic sales stopped at least one hour before end of event/closing?  Yes  No

### 23. Commercial General Liability:

- a. Will the event feature any of the following: aircraft, bungee, climbing devices, contests, demolition, dunk tank, firearms, fireworks, hot air balloons, inflatables, pyrotechnics, racing, rodeos, stunts, trampolines, or watercraft?  Yes  No
- b. Will the event feature exhibitions (race cars, equipment, etc.), demonstrations (cooking, glass blowing, etc.) or other activities not specified above?  Yes  No  
If yes, describe exhibition, demonstration or activity \_\_\_\_\_
- c. Will alcohol be allowed at the event?  Yes  No
- d. Describe security, provided by:
- I.  Employees  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
- e. Are vendors, attraction operators and performers required to carry insurance and to provide additional insured coverage to Applicant?  Yes  No
- f. Is this a concert/musical event?  Yes  No
- g. Are any local or national celebrities performing at the event?  Yes  No  
Describe celebrity/celebrities: \_\_\_\_\_
- h. Describe type of music: \_\_\_\_\_
- i. Will there be exposure from any dancing, moshing, crowd surfing, stage diving or similar activities?  Yes  No
- j. Will food be sold/served?  Yes  No
- k. Is this a parade event?  Yes  No
- l. Are there any athletic events? (Athletic participant coverage is not available.)  Yes  No  
Athletic event level:  Professional  Amateur  
Type(s) of athletic events: \_\_\_\_\_  
Number of athletic events scheduled: \_\_\_\_\_
- m. Any temporary bleachers, grandstands, seating, tents, temporary structures erected?  Yes  No  
If so, by whom? \_\_\_\_\_  
Do the installers carry insurance and do they provide additional insured coverage to Applicant?  Yes  No
- n. Any babysitting, child care services or programs offered?  Yes  No
- o. Confirm the venue has working emergency lighting, illuminated exit signs and panic door hardware.  Yes  No
- p. Does the event have a Liquor Liability exposure including "BYOB"?  Yes  No  
(We do not offer monoline General Liability coverage for an event if there is also a Liquor Liability exposure.)

**24. History**

- a. Number of years this event has been previous held: \_\_\_\_\_
- b. Was the Applicant an alcoholic beverage vendor for this event last year?  Yes  No  
 Name of Liquor Liability carrier \_\_\_\_\_  
 Name of General Liability carrier (if different) \_\_\_\_\_  
 Premium last year \$ \_\_\_\_\_
- c. Over the period of the past 5 years, have you incurred any General Liability, Liquor Liability or Assault & Battery losses/claims; or have you been assessed a fine or received a citation for violations of law concerning the sale, serving or providing of alcoholic beverages? If yes, complete the following:  Yes  No

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Amount Reserved	Status of claim O = Open C = Closed

**25. Additional Insureds & Certificate Holders**

**INDICATE APPLICABLE SECTIONS**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

- Liquor Liability       General Liability  
 Additional Insured       Certificate Holder

**Interest:** \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

- Liquor Liability       General Liability  
 Additional Insured       Certificate Holder

**Interest:** \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

- Liquor Liability       General Liability  
 Additional Insured       Certificate Holder

**Interest:** \_\_\_\_\_

# FRAUD WARNING:

## FOR APPLICANTS IN THE FOLLOWING 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 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.

**DISTRICT OF COLUMBIA** – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA** – 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 of the third degree.

**KANSAS** – Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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, purported insurer or insurance agent or broker, any written electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**MARYLAND** – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 five thousand dollars 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.

**OKLAHOMA** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON** – Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information, information concerning any material fact, may have committed a fraudulent insurance act, which may be a crime and may subject the person to penalties.

**PUERTO RICO** – Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

## FOR APPLICANTS IN ALABAMA, ARKANSAS, ARIZONA, LOUISIANA, NEW MEXICO AND WEST VIRGINIA:

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

## FOR APPLICANTS IN MAINE, TENNESSEE, VIRIGINA 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 denial of insurance benefits.

## FOR APPLICANTS IN ALL OTHER STATES:

Any person who knowingly and with intent to defraud any insurance company or other person file an application for insurance containing any materially false information or conceals, for the purposes 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.

# 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;
- e) Neither the insured nor any principal with a control interest in the insured, has filed for bankruptcy within 12 months prior to the date the application is signed;
- f) General Liability insurance is carried by the insured at limits equal to or greater than Liquor Liability on our policy;
- g) The insured has and will maintain a valid liquor license prior to the insured selling, serving or distributing alcohol.
- h) The undersigned authorizes all former liability insurers and all accounting firms to disclose to Founders Insurance Company and/or its agents all available information concerning the undersigned's prior underwriting or claims history and liquor purchases and receipts, and releases all such former liability insurers and accounting firms, Founders Insurance Company and its agents from any liability resulting from such disclosures and use, even if such information is incomplete or erroneous;
- i) Upon submission of this application and at any time thereafter the undersigned shall make available to Founders Insurance Company and its agents access to the premises and operations to be insured for an inspection and copies of the last four (4) calendar quarters of sales tax returns;
- j) 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; and
- k) Should Founders Insurance Company issue insurance coverage which is accepted by the undersigned:
  - 1) The undersigned shall allow Founders Insurance Company to audit its books, records, and operations, including an audit of the estimated liquor receipts to ensure their accuracy and/or actual liquor receipts for any relevant time period;
  - 2) The undersigned shall maintain accurate books and records of its liquor receipts for three (3) years following policy expiration and shall send to Founders Insurance Company copies of any documents requested;
  - 3) The premium payable for the insurance coverage is a deposit premium only and may be adjusted by Founders Insurance Company at any time during the policy period and up to three years after its expiration based upon the rates in effect at policy inception; and
  - 4) The undersigned shall pay any additional premium due to Founders Insurance Company within fifteen (15) days of receipt of an invoice.

**Applicant's Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required) (Required) (Required)

**Agent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required) (Required)