

Non Profit Package Product

NON PROFIT PACKAGE SPECIAL EVENTS/LIQUOR LIABILITY ADDENDUM

Note: This addendum must be completed for each event the organization holds off premises.

All questions must be answered.

Name of Organization: _____

How many special events are planned off premises for the next 12 months? _____

Failure to provide proper information regarding all special events will result in coverage not being provided. The applicant must notify the insurer, prior to the event, of any additional special events not listed below. If notification is not sent to the Company, coverage will not be presumed.

TYPE OF EVENT

- | | | |
|--|--|--|
| <input type="checkbox"/> Beer Garden/Beer Tent | <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Individual Vendor Booth |
| <input type="checkbox"/> Off-site Seminar/Training | <input type="checkbox"/> Picnic | <input type="checkbox"/> Concert/Musical Performance |
| <input type="checkbox"/> Competition or Show | <input type="checkbox"/> Sporting Event/Tournament | <input type="checkbox"/> Convention/Trade Show/Exhibit |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Festival | <input type="checkbox"/> Party/Social Event |
| <input type="checkbox"/> Other (describe) _____ | | |

1. a. Location of Event (name & address): _____
 b. Location is: ☐ Private Residence ☐ Hotel/Banquet Facility/Restaurant ☐ Indoors
☐ Convention Center ☐ Stadium ☐ Outdoors
☐ Local Business Establishment ☐ Fair Grounds ☐ Other (describe): _____
2. Dates of Event: From: ____/____/____ To: ____/____/____
3. Hours of Event: From: ____AM/PM To: ____AM/PM If Hours vary by Date, describe: _____
4. a. Full Schedule/Description and Purpose of Event (Attach copy of brochure and/or flyer to this application): _____
 b. Is this part of a larger function? ☐ Yes ☐ No If Yes, describe: _____
5. Will there be any Entertainment? ☐ Yes ☐ No If Yes, describe, (include name of performers and acts): _____
6. Estimated Total Attendees Per Day: _____
7. a. Number of Years Event has been previously held: _____
 b. Actual Total Attendance for Prior Year's Event: _____
8. Will the event feature security measures such as armed security (other than local police) or guard dogs? ☐ Yes ☐ No
9. Will event feature any of the following:

a. Rides, mechanical devices, rebounding devices (ie: moonbounce or trampolines)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: _____
b. Petting zoo or animal rides? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Fireworks? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Overnight camping? <input type="checkbox"/> Yes <input type="checkbox"/> No	e. Dunk Tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Water hazards present <input type="checkbox"/> Pool <input type="checkbox"/> Lake <input type="checkbox"/> Pond <input type="checkbox"/> Other _____	
10. a. Will there be individual exhibitors, booths or vendors at the event? ☐ Yes ☐ No
 b. If Yes, are they required to carry their own insurance? ☐ Yes ☐ No

LIQUOR LIABILITY

11. a. Is Applicant Sole Vendor of Alcohol at Event? ☐ Yes ☐ No
 If No, List Number of Other Vendors Serving Alcohol _____
- b. Are all Participating Alcohol Vendors Required to Carry Minimum Liquor Liability Limits for the Event? ☐ Yes ☐ No
 If Yes, provide copy of Certificate of Insurance.

12. a. Will Alcohol be dispensed by a Professional Bartender? ☐ Yes ☐ No
b. If No, will alcohol be self serve? ☐ Yes ☐ No
13. If required, does applicant have a valid liquor license? ☐ Not Required ☐ Yes ☐ No
14. a. Within the last 5 years has the applicant had any reported Liquor Liability claims or notification of any potential liquor liability claims? ☐ Yes ☐ No
b. If yes, please provide date(s), description(s) and status: _____
15. a. Name of Additional Insured: _____
b. Mailing Address: _____
c. Additional Insured's Interest in Event: _____

Applicant's Signature _____ Title _____ Date _____
(President, Chairperson or Executive Director)

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker _____

Address: _____

Agent or Broker License number _____

Mail complete application through local Agent or Broker to: _____
