



**LIQUOR LIABILITY**

16. ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY \_\_\_\_\_
17. 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, What is the Minimum Requirement? \_\_\_\_\_
18. a. Will Alcohol be dispensed by a Professional Bartender?  Yes  No If No, Describe how and by whom Alcohol will be dispensed: \_\_\_\_\_
- b. Describe training and/or experience of persons serving alcohol. \_\_\_\_\_
- c. What measures are in place to prevent service of alcohol to minor and/or intoxicated persons? \_\_\_\_\_
19. If required, does applicant have a valid liquor license?  Yes  No
20. a. Number of Bars or Areas at which Alcohol will be Dispensed at the Event? \_\_\_\_\_
- b. Is Alcohol Consumption Confined to this (these) Area(s)?  Yes  No If No, Describe: \_\_\_\_\_
- c. Will there be an Open Bar?  Yes  No d. Will Alcohol be sold by the Drink?  Yes  No
- e. Cost Per Drink \_\_\_\_\_ f. Is BYOB (Bring Your Own Bottle) Permitted?  Yes  No
21. Will Food be Sold or Served?  Yes  No If Yes, Describe Type of Food Available? \_\_\_\_\_
22. a. Estimated Gross Food Receipts per day: \_\_\_\_\_
- b. Estimated Gross Alcohol Receipts per day: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY**

23. Will event feature any of the following:
- a. Rides, mechanical devices, rebounding devices (ie: moonbouncer or trampolines)?  Yes  No
- b. Petting zoo or animal rides?  Yes  No
- c. Fireworks?  Yes  No
24. a. Are Vendors, Attraction Owners and Performers required to carry their own insurance?  Yes  No
- b. If Yes, what limit is required? \_\_\_\_\_
25. a. Describe SECURITY Measures: \_\_\_\_\_
- b. Is Security provided by:  Independent Contractors  Employees of Applicant  On-Duty Police.
- c. If Security is provided by independent Contractors, are they required to carry their own insurance?  Yes  No
26. If a MUSICAL EVENT:
- a. Name(s) of Performer(s): \_\_\_\_\_ b. Is this a  local or  national performer? \_\_\_\_\_
- b. What type of music? \_\_\_\_\_ c. Is dancing permitted?  Yes  No
27. If Event is a PARADE, what is:
- a. Number of Floats \_\_\_\_\_ b. Number of Marching Units \_\_\_\_\_
- c. Length of Parade \_\_\_\_\_ d. Estimated Number of Spectators \_\_\_\_\_
28. If ATHLETIC EVENT, give:
- a. Number of Games \_\_\_\_\_ b.  Professional? or  Amateur?
- c. Is Athletic Participants Coverage Desired?  Yes  No
29. Will there be temporary erected bleachers or grandstands?  Yes  No

**FRAUD STATEMENT:** 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.

**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 by issuance of a policy.

SIGNATURE \_\_\_\_\_  
(Chairman of the Board or President)  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAMED INSURED AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_  
ADDRESS \_\_\_\_\_

MAIL COMPLETED  
APPLICATION THROUGH  
LOCAL AGENT OR BROKER TO: