

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: