



Liquor Liability Application: TEMPORARY EVENTS

IN ORDER FOR A POLICY TO BE ISSUED, YOU MUST:

- I. Complete this application in full.
- II. Attach the appropriate premium payment payable to HMIC (Massachusetts) or HIC (all other states). Round to the nearest dollar.

I. POLICY INFORMATION

Name as it appears on license* _____

D/B/A: _____ Same as Named Insured

Mailing Address: _____ City/Town: _____ State: _____ Zip: _____

Premises Address: _____ City/Town: _____ State: _____ Zip: _____

Applicant is: Individual Corporation LLC Partnership Other (Specify): _____

Contact Name: _____ FEIN: _____ Telephone: _____

*Only the license holder as it appears on the license will be insurable

II. COVERAGE SELECTION

- \$50,000 per person/ \$100,000 per occurrence/ \$100,000 aggregate
- \$100,000 per person/ \$200,000 per occurrence/ \$200,000 aggregate
- \$250,000 per person/ \$500,000 per occurrence/ \$500,000 aggregate
- \$500,000 per person/ \$1,000,000 per occurrence/ \$1,000,000 aggregate
- \$1,000,000 per person/ \$1,000,000 per occurrence/ \$2,000,000 aggregate

Policy Term Requested: _____ / _____ / _____ to _____ / _____ / _____

III. EVENT RATES FOR LIQUOR LIABILITY COVERAGE

Class Code: 41 Description: Temporary Event - for single or multi-day events, weddings, parties, etc.

Estimated # of annual adult attendees: _____ **# of Days:** _____

TOTAL PREMIUM:
\$ _____

1. Temporary Event Rates for One Day Events

Adult Attendees Per Day	50/100/100	100/200/200	250/500/500	500/1000/1000	1000/1000/2000
1-249	\$125	\$167	\$230	\$305	\$416
250-499	\$250	\$334	\$459	\$617	\$840
500-749	\$375	\$500	\$689	\$917	\$1,249
750-999	\$500	\$667	\$917	\$1,234	\$1,680
1,000 & over	\$0.51 x # of adult attendees	\$0.67 x # of adult attendees	\$0.92 x # of adult attendees	\$1.23 x # of adult attendees	\$1.68 x # of adult attendees

The rates set forth above shall apply for each day or fraction of a day for which the Insured shall serve or sell alcoholic beverages. For events of more than one day duration, the premium shall be calculated based upon the number of adult attendees for each separate day. Periods of less than one day shall be rated as if they constituted one full day.

2. Temporary Event Rates for Multiple Day Events

For multiple day events, please calculate premium for each day and then calculate total premium using the following equation:

Premium for One Day (as determined by the rates set forth above) \$ _____ X **Number of Days** _____ = **Total Premium** _____

IV. OPTIONAL ENDORSEMENTS

GL Assault & Battery Endorsement without Security Training (\$100 MP)
(Liquor A&B is already included)

Property Damage Endorsement (\$50 MP)

Additional Insured (\$50)

**CAN NOT be involved in the sale, service or distribution of liquor*

Name: _____

Address: _____

Include Quote for General Liability
(Please attach ACORD's 125 & 126)

**I decline to purchase General Liability
Assault & Battery Coverage**

General Liability Assault & Battery coverage is an optional endorsement that provides coverage for assault & battery acts that occur when there is no allegation of the serving of alcohol. (I.E. Security staff is accused of committing an A&B on a patron.) Please consult your agent for any additional explanation.

V. PAYMENT OPTION & DEPOSIT PREMIUM

Check Payment Option (round all payments to nearest dollar)

***Premium must be paid in full before policy effective date**

Credit Card (Visa / MasterCard) - **Please complete the attached Credit Card Authorization Form**

Amount to be charged: \$ _____

Check - **Copy of check must be sent to bind coverage**

Please note that premium for all Temporary Events is fully earned and will not be returned

VI. AGENT'S / APPLICANT'S CERTIFICATION & AUTHORIZED SIGNATURES

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent's/applicant's knowledge and belief. By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company's reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application.

1. APPLICANT'S SECTION

Applicant's Name: _____ Title: _____

Fed ID# / Soc. Sec. #: _____ Telephone: _____

Email Address: _____

Applicant's Signature: X _____ **Date:** _____

2. AGENT / BROKER'S SECTION

Name of Agency: _____ Address: _____

Name of Agent: _____

Telephone: _____ Fax: _____

Email Address: _____

Agent's Signature: X _____ **Date:** _____

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 subjects such person to criminal and civil penalties.

Credit Card Authorization Form

Please complete this form if paying by credit card.

YOUR INFORMATION:

Billing Address

First Name:

Last Name:

Street Address:

City:

State/ZIP:

CARD INFORMATION:



Card Number:

Expiration Date:

CVV Code:

A fee of \$25 will be assessed on all returned checks. The applicant also understands, agrees and promises to pay all costs of collection, including reasonable fees, which may be incurred in the collection.