



Liquor Liability Application: TEMPORARY EVENTS

***All fields marked with an asterisk (*) are required for processing.**

Policy Information
 Named Insured: _____
 D/B/A: _____
 Mailing Address: _____ Phone Number: _____
 Premises Address of Event: _____
 *Email Address of Insured _____
 Policy Term: from _____ to _____
 *Hours of Event: _____ # of Days of Event: _____

LIMITS REQUESTED
 \$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 ____

***Event Information:**
 Type and purpose of Event: _____

 Insured's interest in event: Host/Organizer? Yes ___ No ___ Vendor? Yes ___ No ___
 Name of company serving/providing/pouring the alcohol _____
 Is there a designated bartender? Yes ___ No ___ Are bartenders trained in an alcohol awareness program? Name of Program _____
 Is there a designated area for drinking and what controls are in place to prevent over service?

 Are there other vendors/servers of alcohol for this event? Yes ___ No ___
 If multiple vendors at event or if hiring outside services are all required to have liquor liability insurance in place? Yes ___ No ___ If so at what limits? _____
 Will there be Entertainment? If yes, describe: _____

***Optional Endorsements**
Assault & Battery Endorsement – Select Sub limits below
 \$100,000/\$200,000/\$200,000 ____ \$500,000/\$1,000,000/\$1,000,000 ____
 \$250,000/\$500,000/\$500,000 ____ \$1,000,000/\$1,000,000/\$1,000,000 ____
 I decline to purchase Assault & Battery Coverage _____
Property Damage Endorsement ____
Additional Insureds applicable to Liquor Policy
 Name _____ Address _____ Interest _____
 Name _____ Address _____ Interest _____

Additional Event Information for Liquor Liability Coverage

Class Code: 41 – Temporary Event – for single or multi-day events.

Estimated # of attendees consuming alcohol daily: _____ # of Days: _____

Is BYOB (bring your own bottle) allowed? Yes ___ No___ Is there an overnight exposure? Yes___ No___ Will there be security at the insured event? Yes ___ No___

If yes who is responsible for the security? _____

Is there a water exposure such as pool/lake/beach front? Yes ___ No___ If yes will the participants at the event have accessibility for boating/swimming/sailing? _____

Please attach an event brochure if applicable.

Event website _____

Payment

Payment in full _____

Visit our website-www.hmic.com and select pay online tab to make payment.

***Agents/Applicants 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 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. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant’s retail and wholesale purchases of alcoholic beverages.

Applicants Section

Applicants Name: _____ Title _____

Telephone: _____ Email Address: _____

*Applicant’s Signature: _____ Date: _____

Agent/Broker’s Section

Name of agency: _____ Name of Agent _____

*Agents Signature: _____ Email Address: _____

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 material or false information or conceals, for the purpose of misleading, information concerning nay fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.