



Hospitality Insurance Group
106 Southville Road
Southborough, MA 01772
HMIC.com
877-366-1140

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:
*Insured Email: Policy Term: from to
*Hours of Event - Start: End: # 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
\$300,000 per person/\$600,000 per occurrence/\$600,000 aggregate (applicable to RI only)
\$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? Yes No
Name of Program:
Is there a designated area for drinking and what controls are in place to prevent over service? Yes No; if yes, describe:
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? Yes No; If yes, describe:

*Optional Endorsements

Assault & Battery Endorsement - Select Sub limits below:
\$100,000/\$200,000/\$200,000 \$300,000/\$600,000/\$600,000 (applicable to RI only)
\$250,000/\$500,000/\$500,000 \$500,000/\$1,000,000/\$1,000,000 \$1,000,000/\$1,000,000/\$2,000,000
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 water exposure such as pool/lake/beach front? Yes___ No___; If yes, will the participants at the event have accessibility to boating/swimming/sailing? _____

Please attach an event brochure if applicable.

Event website: _____

Payment

Payment in full _____

Visit our [website - www.hmic.com](http://www.hmic.com) and select Pay Online tab to make payment.

Third Party Exclusion Acknowledgement

I acknowledge the liquor liability policy has an Exclusion for Third Party or Contracted Security. Anyone that I hire (other than my employees) are not covered under this policy. We will have no duty to defend or to pay damages for any claims or suits seeking damages. In order to protect your interests, you need to be added to your third party or contracted security companies insurance policy as an additional insured.

Insured Signature: _____ Date: _____

***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: _____

*Applicants Signature: _____ Date: _____

Agent/Broker’s Section

Name of Agency: _____ Name of Agent: _____

*Agents Signature: _____ Email: _____

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.