

# LIQUOR LIABILITY SPECIAL EVENT APPLICATION

Must be completed in full and signed by the applicant  
Complete separate application for each location.

Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Location \_\_\_\_\_  
\_\_\_\_\_  
Web Site Address \_\_\_\_\_

Agent's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

APPLICANT IS:  INDIVIDUAL  PARTNERSHIP  LLC  ORGANIZATION (OTHER THAN PARTNERSHIP, JOINT VENTURE OR LLC)

PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

DATES OF EVENT \_\_\_\_\_

LIMITS DESIRED: Each Common Cause: \_\_\_\_\_ Aggregate: \_\_\_\_\_

1. **Description of Event** (Attach flyers, brochures, etc if any): \_\_\_\_\_  
\_\_\_\_\_

Estimated number of people to attend: \_\_\_\_\_

Estimated age group of crowd: From \_\_\_\_\_ To \_\_\_\_\_

2. **Does applicant have a valid liquor license?** \_\_\_\_\_

If yes, name on license: \_\_\_\_\_ License number: \_\_\_\_\_

3. **Name of General Liability Insurance Company** \_\_\_\_\_

Policy limits: Occurrence: \_\_\_\_\_ General Aggregate \_\_\_\_\_ Exp date \_\_\_\_\_  
Does GL policy exclude Assault & Battery? YES  NO

4. **Violations:** Within the last year, has applicant been fined or cited for violations related to illegal activities or the sale or service of alcohol? YES  NO

If yes, provide details and dates of citations \_\_\_\_\_

5. **Claims:**  
a) Within the last year, has the applicant had any reported liquor liability claims or notification of potential liquor liability claims? YES  NO

If yes, provide date(s), description of claim(s) and status: \_\_\_\_\_

b) Within the past year, has the applicant had any reported assault & battery claims or notification of potential claims related to assault & battery? YES  NO

If yes, provide date(s), description of claim(s) and status: \_\_\_\_\_

6. How many times has the insured done this in the past (serving liquor)? \_\_\_\_\_
7. Type of alcohol being served? \_\_\_\_\_
8. Is the alcohol sold per glass/pitcher? \_\_\_\_\_ For what price? \_\_\_\_\_
9. Estimated gross liquor sales? \_\_\_\_\_
10. What are the hours of serving? \_\_\_\_\_
11. Is this in a fenced area? \_\_\_\_\_
12. Is there entertainment? Please describe: \_\_\_\_\_  
 \_\_\_\_\_
13. Are any of the following amusement devices on premises?  
 Mechanical Bull  
 Other \_\_\_\_\_
14. Who is serving the drinks? \_\_\_\_\_
15. Are ID's checked: \_\_\_\_\_
16. Where are ID's checked? \_\_\_\_\_
17. Who checks the ID's? \_\_\_\_\_
18. Are minors allowed inside? \_\_\_\_\_  
 If yes, how is it determined if a person is of legal drinking age after they are inside? \_\_\_\_\_  
 \_\_\_\_\_
19. Describe security protection: \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL LIABILITY SECTION**

**IF GENERAL LIABILITY IS REQUESTED, PLEASE COMPLETE THE FOLLOWING SECTION:**

**LIMITS OF LIABILITY REQUESTED**

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$

**LOSS INFORMATION**

**Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.**

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

**WARRANTIES:** I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent. I/we warrant that premises liability coverage will be maintained at limits at least equal to the liquor liability limits during the entire term of the liquor policy. I/we agree to submit records for audit by the company upon termination or expiration of this policy for the determination of actual gross receipts during the period of coverage, if requested.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IOWA LICENSED AGENT: \_\_\_\_\_

TAYLOR INSURANCE SERVICES  
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WEST DES MOINES IA 50266  
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