

**TEMPORARY EVENT APPLICATION**

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.

**POLICY INFORMATION**

Name as it appears on license\* (if applicable) \_\_\_\_\_

dba \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Premise Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant is: Indiv. \_\_\_\_\_ Corp. (inc. Fed. I.D. #) \_\_\_\_\_ Partnership \_\_\_\_\_ Other (specify) \_\_\_\_\_

Owner \_\_\_\_\_ Home Address \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

Holder of Records/Address \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

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

**CLASSIFICATION OF RISK**

TEMPORARY LICENSES

- \_\_\_\_\_ Annual Policies For Temporary Events (minimum 3 events at same location) 38
- \_\_\_\_\_ Single / Multiple day licenses for temporary events – fairs, carnivals, bazaars, parades, etc. 41

**COVERAGE SELECTION**

I. TYPE OF POLICY REQUESTED

\_\_\_\_\_ **Occurrence** – provides coverage in accordance with policy provisions for bodily injury which occurs during the policy period.

2. POLICY LIMITS REQUESTED

State the **limits of liability for liquor liability** coverage you request from Hospitality Mutual.

- \_\_\_\_\_ **\$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**

3. POLICY TERM REQUESTED \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ENTERTAINMENT INFORMATION

Are any of the following provided at this premise? No \_\_\_\_\_ (IF YES, CIRCLE ALL THAT APPLY)

Live Entertainment, Bands, DJ, Karaoke, Amateur Nights, Exotic Dancing, Pool Table, Darts, Dancing

### MINIMUM PREMIUMS AND DEPOSITS APPLY TO CLASS CODES 11 - 38: (Minimum premiums are fully earned)

\$50,000/\$100,000/\$100,000 = \$200      \$250,000/\$500,000/\$500,000 = \$400      \$1,000,000/\$1,000,000/\$2,000,000 = \$750  
 \$100,000/\$200,000/\$200,000 = \$300      \$500,000/\$1,000,000/\$1,000,000 = \$500

### Occurrence Rates per Adult Attendee

	<u>50/100/100</u>	<u>100/200/200</u>	<u>250/500/500</u>	<u>500/1000/1000</u>	<u>1000/1000/2000</u>
Annual Policies for Temporary Events Rate / Adult Attendee					
<b>Class Code: 38</b>	\$0.35	\$0.47	\$0.63	\$0.83	\$1.14
Estimated # Adult Attendees _____ x Rate _____ = \$ _____ Estimated Premium					

	<u>50/100/100</u>	<u>100/200/200</u>	<u>250/500/500</u>	<u>500/1000/1000</u>	<u>1000/1000/2000</u>
Temporary Events <b>Class Code: 41</b>					
Adult Attendees / Day:					
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

### OPTIONAL ENDORSEMENTS

Assault & Battery without Security Training       Property Damage

Estimated # Adult Attendees / Day \_\_\_\_\_ x Days \_\_\_\_\_ X Rate \_\_\_\_\_ = \$ \_\_\_\_\_ Premium

1. The rates set forth above shall apply for each day or fraction of a day for which the Insured is licensed to 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. No policy covering a temporary function or event shall be issued unless the Insured provides a copy of its license issued and no policy shall provide coverage except for occurrences during the period of the license.

### PAYMENT OPTION

(Check payment option requested. **Round to nearest dollar.**)

\_\_\_\_\_ **Payment in Full** – must be paid before policy effective date.



\_\_\_\_\_ **VISA / MC** Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Cardholder \_\_\_\_\_

**A fee of \$25 will be assessed on all policy reinstatements and 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.**

## AGENT'S/APPLICANT'S CERTIFICATION AND 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.

### APPLICANT'S SECTION

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_

Fed. ID # / Soc. Sec. # \_\_\_\_\_ Tel Daytime (\_\_\_\_) \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### AGENT'S OR BROKER'S SECTION

Company Name \_\_\_\_\_ Corp. \_\_\_\_\_ Partshp. \_\_\_\_\_ Indiv. \_\_\_\_\_

Agent's Name \_\_\_\_\_ Title \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Fed. ID # \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_