



HOSPITALITY™
MUTUAL Insurance
 Company

Taking the Risk Out of Hospitality

95A Turnpike Road Westborough, MA 01581

TEMPORARY EVENT APPLICATION

www.hospitality-mutual.com

TOLL FREE 877.366.1140

508.366.1140

FAX 508.836.4940

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

- I **Complete this application in full.**
- II **Attach the appropriate premium payment payable to Hospitality Mutual Insurance Company (hereafter referred to as Hospitality Mutual). Round to the nearest dollar.**

POLICY INFORMATION

Name as it appears on license* _____

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

1. 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 II - 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					
Class Code: 38	\$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					
Class Code: 41					
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

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

- 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.
- 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.

HOSPITALITY MUTUAL PAYMENT OPTION AND DEPOSIT PREMIUM

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

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



_____ **VISA / MC** Card # _____ Exp. _____ Cardholder _____

Installment options are not available for estimated premiums UNDER \$1,000. Hospitality Mutual reserves the right to deny installment options. 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 Hospitality Mutual's reliance on the information we have provided, and if such information is misleading or false, Hospitality Mutual 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 Hospitality Mutual or its designated auditor all information regarding the applicant's retail and wholesale purchases of alcoholic beverages.

STOP!! DO NOT SUBMIT UNLESS ALL ITEMS REQUESTED ON PAGE I HAVE BEEN SUPPLIED AND APPLICATION IS COMPLETED IN FULL.

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 (____) _____

PLEASE ATTACH BUSINESS CARD