



## TEMPORARY EVENT LIQUOR 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): \_\_\_\_\_

D/B/A: \_\_\_\_\_

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

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

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Classification of Risk

#### TEMPORARY LICENSES

\_\_\_\_\_ Single/ Multiple day licenses for temporary events— fairs, carnivals, bazaars, parades, etc.

#### Temporary Event Rates for One Day Events

<b>Class Code: 41</b>	<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>
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 #	\$0.67 x #	\$0.92 x #	\$1.23 x #	\$1.68 x #
	of adult	of adult	of adult	of adult	of adult
	attendees	attendees	attendees	attendees	attendees

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.

### Temporary Event Rates for Multiple Day Events

Estimated # adult attendees / day \_\_\_\_\_ X (premium for one day) \_\_\_\_\_ X (# of days) \_\_\_\_\_ = \$ \_\_\_\_\_ Premium

### Coverage Selection

#### 1. Policy 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

2. Policy Term Requested \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Entertainment Information

Are any of the following provided at this premise?    Yes     No     (IF YES, CHECK ALL THAT APPLY)

- |   |   |   |                                      |  |
|---|---|---|--------------------------------------|--|
| <input type="checkbox"/> Darts          | <input type="checkbox"/> DJ                         | <input type="checkbox"/> Karaoke          | <input type="checkbox"/> Dancing     | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Pool Tables    | <input type="checkbox"/> Live Bands                 | <input type="checkbox"/> Mechanical Bulls | <input type="checkbox"/> Dance Floor | _____  |
| <input type="checkbox"/> Amateur Nights | <input type="checkbox"/> Drinking Games/Tournaments | <input type="checkbox"/> Exotic Dancing   |                                      | _____  |
|   |   |   |                                      | _____  |

### Optional Endorsements

- |   |   |
|---|---|
| <input type="checkbox"/> GL Assault & Battery without Security Training (\$100 MP)<br>(Liquor A&B is already included)        | <input type="checkbox"/> Property Damage (\$50 MP)  |
| <input type="checkbox"/> Additional Insured* (\$50) - *CAN NOT be involved in the sale,<br>service or distribution of liquor. | <input type="checkbox"/> Include Quote for General Liability<br>(Please attach ACORD's 125 & 126) |

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Payment Option

Check payment option requested. **Please round to nearest dollar.**

**\*Premium must be paid in full before policy effective date**

**Credit Card**

**Check** - copy of check must be sent to bind coverage

Please note that premium for all Temporary Events is **fully earned and will not be returned.**

### Credit Card Authorization Form

YOUR INFORMATION: Billing Address

First Name:

Last Name:

Street Address:

City:

State/ZIP:

CARD INFORMATION:



Expiration Date:

CVV Code:

**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. #: \_\_\_\_\_ Phone - Day: (     ) \_\_\_\_\_

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

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Agent's or Broker's Section

Name of Agency: \_\_\_\_\_  Corp.  Partshp.  Indiv.

Name of Agent: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Fed. ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**Agent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_