



**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: \_\_\_\_\_  
 \*Email Address of Insured: \_\_\_\_\_  
 Policy Term: from \_\_\_\_\_ to \_\_\_\_\_  
 \*Hours of Event: \_\_\_\_\_ # 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/\$250,000 per occurrence/\$250,000 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

**\*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?  
 Name of Program \_\_\_\_\_  
 Is there a designated area for drinking and what controls are in place to prevent over service? \_\_\_\_\_  
 \_\_\_\_\_  
 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      \_\_\_ \$500,000/\$1,000,000/\$1,000,000
- \_\_\_ \$250,000/\$500,000/\$500,000      \_\_\_ \$1,000,000/\$1,000,000/\$1,000,000

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.

**\*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.