



Non Profit Package Product

NON PROFIT PACKAGE SPECIAL EVENTS/LIQUOR LIABILITY ADDENDUM

Note: This addendum must be completed for each event. Please answer all questions.

A completed addendum is required for each event for which coverage is requested. There is no coverage for any event(s) for which a fully completed addendum is not provided.

Name of Organization: \_\_\_\_\_

How many special events are planned for the next 12 months? \_\_\_\_\_

TYPE OF EVENT

- Beer Garden/Beer Tent, Off-site Seminar/Training, Competition or Show, Parade, Other (describe)
Fund Raiser, Picnic, Sporting Event/Tournament, Festival
Individual Vendor Booth, Concert/Musical Performance, Convention/Trade Show/Exhibit, Party/Social Event

1. Full Schedule/Description and Purpose of Event (Attach copy of brochure and/or flyer to this application): \_\_\_\_\_

2. Please provide website for this event: \_\_\_\_\_

3. Location of Event (name of venue & full address): \_\_\_\_\_

4. Dates of Event: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Hours of Event: From: \_\_\_\_AM/PM To: \_\_\_\_AM/PM If Hours vary by Date, describe: \_\_\_\_\_

6. Will there be any Entertainment? [Yes/No]
If Yes, describe, (include name of performers and acts): \_\_\_\_\_

7. Estimated Total Attendees Per Day: \_\_\_\_\_

8. Any prior special event claims (including Liquor Liability if applicable)? [Yes/No]
Provide details: \_\_\_\_\_

9. Will event feature any of the following:
a. Mechanical rides or devices? Explain: [Yes/No]
b. Firearms or Fireworks? [Yes/No]
c. Overnight camping? [Yes/No]
d. Water hazards present? [Yes/No]
If yes, describe: \_\_\_\_\_
Will attendees be permitted to swim, boat, jet ski or fish? [Yes/No]
If yes, describe \_\_\_\_\_

10. a. Name of Additional Insured: \_\_\_\_\_
b. Mailing Address: \_\_\_\_\_
c. Additional Insured's Interest in Event: \_\_\_\_\_

LIQUOR LIABILITY

11. a. Is Applicant Sole Vendor of Alcohol at Event? [Yes/No]
b. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant? [Yes/No]
c. If required, does applicant have a valid liquor license? [Not Required/Yes/No]
12. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted? [Yes/No]

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

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker \_\_\_\_\_

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

Agent or Broker License number \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

\_\_\_\_\_