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

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?
      If yes, describe: ________________________________________________________________ ☐ Yes ☐ No
      Will attendees be permitted to swim, boat, jet ski or fish?
      If yes, describe ____________________________ ☐ Yes ☐ No

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: ________