



Insuring the world's fun!

EVENT LIQUOR LIABILITY APPLICATION

Please retain a copy of this form for your records.

GENERAL INFORMATION

Named insured (as it appears on your certificate of insurance): _____

Policy number (as it appears on your certificate of insurance): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (_____) _____

Cell: (_____) _____ Fax: (_____) _____

E-mail: _____ Website: _____

LIQUOR LIABILITY

Liquor liability coverage pays those sums that the insured becomes obligated to pay as damages because of bodily injury or property damage imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage.

Coverage Conditions:

- Coverage is not available for Alabama, Iowa, Michigan or Vermont applications**
- Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your business organization with our Short Term Special Events, Walk/Run or Amateur Sports Tournaments & Events RPG programs.
- If alcohol is being served at an ancillary event held in conjunction with the main event, you must have commercial general liability coverage in place for this ancillary event through our Short Term Special Events, Walk/Run or Amateur Sports Tournaments & Events RPG programs.
- Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your event program commercial general liability policy.

If liquor liability coverage is desired, please complete the following questions:

- Is the named insured required to obtain a liquor license or permit? Yes No
 If yes: Please provide the name of the liquor license/permit holder: _____
 If yes: Please provide the relationship to named insured: _____
 If yes: Please provide the name of the liquor license/permit number: _____
 If no, who holds the permit? Facility Caterer/vendor Sponsor
- Are alcoholic beverages (select one):
 Sold? Provide the dollar value of alcoholic beverage sales: \$_____ and food sales: \$_____ at the event.
 Included as part of the admission charge? Served or furnished without a charge?
- What types of alcoholic beverages are being sold/served? (check all that apply)
 Wine Beer Liquor
- Have you ever been fined or had a liquor license/permit revoked or suspended? Yes No
- Has any insurer cancelled or non-renewed your coverage during the past 3 years? Yes No
- Are patrons allowed to carry alcoholic beverages onto the premises during your event? Yes No
- Are alcoholic sales and consumption contained with a fixed and/or secured area? Yes No
- Has at least one server at this event had formalized alcohol awareness training? Yes No
- Will alcohol stop being served/sold at least (1) hour prior to the end of the event? Yes No

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-426-2889 • Fax 1-260-459-5105
www.kandkinsurance.com
 K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

Please list out each event and its location where alcohol is being served. Ancillary events/activities before and after the main event are considered separate events as are events/activities held at a separate location. Please list each event/activity separately below. If additional space is needed, please complete on a separate sheet of paper.

EVENT #1

Name of event: _____ Location: _____

When is alcohol available (check one): Before event During event After event

Date of event: ____/____/____ Hours: ____:____ AM/PM to ____:____ AM/PM

Who are alcoholic beverages available to: Participants only Spectators only Participants and spectators

Please provide the # of Participants _____ # of Spectators _____ = Total Attendees

EVENT #2

Name of event: _____ Location: _____

When is alcohol available (check one): Before event During event After event

Date of event: ____/____/____ Hours: ____:____ AM/PM to ____:____ AM/PM

Who are alcoholic beverages available to: Participants only Spectators only Participants and spectators

Please provide the # of Participants _____ # of Spectators _____ = Total Attendees

EVENT #3

Name of event: _____ Location: _____

When is alcohol available (check one): Before event During event After event

Date of event: ____/____/____ Hours: ____:____ AM/PM to ____:____ AM/PM

Who are alcoholic beverages available to: Participants only Spectators only Participants and spectators

Please provide the # of Participants _____ # of Spectators _____ = Total Attendees

Submit completed supplemental form, for a quote, to us (retain a copy for your records)

- E-mail info@sportsinsurance-kk.com
- Fax 1-260-459-5105
- Mail

Regular: K&K Insurance Group, Inc.
Mass Merchandising
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.
Mass Merchandising
1712 Magnavox Way
Fort Wayne, IN 46804

Rec: ____/____/____ Policy #: _____ Cert #: _____ Insured #: _____

Opt: _____ Premium: \$ _____ Eff/Exp: ____/____/____ to ____/____/____

Comments: _____

Opt Form: 2026 2011 8016 8018 876 Delivery: M F E Delivery Date: ____/____/____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)