K&K INSURANCE
Insuring the world's fun!

SPORTS EVENT LIQUOR LIABILITY APPLICATION

Please retain a copy of this form for your records.

GENERAL INFORMATION

Named insured (as it appears on your Member Certificate):_____

Policy number (as it appears on your Member Certificate): _____

Name of individual submitting request: _____

Title/Relationship: _____

Phone: (_____) _____ Cell: (_____) _____

E-mail: _____

LIQUOR LIABILITY

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

Coverage Conditions:

- **Coverage is not available to applicants in Alaska, Michigan, or Rhode Island.**
- Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your business or organization through our Walk/Run or Amateur Sports Tournaments & Events programs.
- If alcohol is being served at an ancillary event held in conjunction with the main event, Commercial General Liability coverage must also be in place for the ancillary event through our Walk/Run or Amateur Sports Tournaments & Events programs.
- A completed application must be received far enough in advance of the event to allow for underwriting review and issuance of a quotation. Coverage cannot be bound or become effective until a signed acceptance of the quotation and payment have been received. Coverage 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:

1. 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 liquor license/permit number: _____
   If yes: Please provide the class of license:_____
   If no, who holds the permit? ❍ Facility ❍ Caterer/vendor ❍ Sponsor
2. Are alcoholic beverages (select one):
   ❍ Sold? ❍ Included as part of the admission charge? ❍ Served or furnished without a charge?
3. What types and proof of alcoholic beverages are being sold/served? (check all that apply)
   ❍ Wine - Proof: _____ ❍ Beer - Proof: _____ ❍ Liquor - Proof: _____
4. Has applicant ever been fined or had a liquor license/permit revoked or suspended? ❍ Yes ❍ No
   If yes, please explain: _____
5. Has applicant incurred claims for liquor liability during the last 3 years? ❍ Yes ❍ No
   If yes, please explain: _____
6. Has any insurer cancelled or non-renewed your coverage during the past 3 years? ❍ Yes ❍ No
   If yes, what type? _____
7. Are patrons allowed to carry alcoholic beverages onto the premises during your event? ❍ Yes ❍ No
8. Are alcoholic sales and consumption contained within a fenced fixed and/or secured area? ❍ Yes ❍ No
   If yes,
   a) Within ____ 1 fixed site, or ____ booth/stands located throughout the event site
   b) Are minors allowed to enter? ❍ Yes ❍ No
9. Do you maintain security personnel at event entry check points? ❍ Yes ❍ No
   If yes, what type? _____
   a) Do they exercise the right of search and seizure of contraband items? ❍ Yes ❍ No
      If yes, how do they notify the public of this? _____

Continue to next page

LIQUOR LIABILITY CONTINUED

10. Are the servers professional (two years bartending experience or more)? ❍ Yes ❍ No
    Are the servers non-professional (less than 2 years or no bartending experience)? ❍ Yes ❍ No
    Explain: _____
    _____
11. Name the formal awareness training program that the servers receive: _____
    _____
12. At what point of sale are I.D.'s checked? _____
13. Are rules and regulations clearly displayed for patrons' viewing? ❍ Yes ❍ No
    Explain: _____
    _____
14. In what size container is the alcoholic beverage served at each event?
    ❍ Cup___oz. ❍ Pitcher ❍ Other _____
15. Can patrons purchase more than two alcoholic beverages at one time? ❍ Yes ❍ No
    If yes, please explain: _____
16. Is there any type of designated driver program in effect? ❍ Yes ❍ No
    Explain: _____
17. Is there any other Liquor Liability coverage being provided? ❍ Yes ❍ No
    If yes, explain and attach a copy of the certificate of insurance: _____
    _____
18. Will alcohol stop being served/sold at least (1) hour prior to the end of the event? ❍ Yes ❍ No
19. What limit of liability are you seeking? (please check one) ❍ $500,000/$1,000,000 OR ❍ $1,000,000/$2,000,000

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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

LIQUOR LIABILITY CONTINUED

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: ❍ Before event (day before) ❍ Before event (day of) ❍ During event ❍ After event

Date of event:_____/_____/_____ Opening & closing hours of event:_____ AM ❍ PM ❍ to _____ AM ❍ PM ❍

Opening & closing hours of alcoholic beverage sales: _____ 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

Gross sales amount: Alcoholic beverage sales: $_____ Food sales: $_____

EVENT #2

Name of event:_____ Location: _____

When is alcohol available: ❍ Before event (day before) ❍ Before event (day of) ❍ During event ❍ After event

Date of event:_____/_____/_____ Opening & closing hours of event:_____ AM ❍ PM ❍ to _____ AM ❍ PM ❍

Opening & closing hours of alcoholic beverage sales: _____ 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

Gross sales amount: Alcoholic beverage sales: $_____ Food sales: $_____

MAILING INSTRUCTIONS

Submit completed supplemental form, to us for a quote (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-Am Spts
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.
Mass Merchandising-Am Spts
1690 Broadway, Building 19, Suite 110
Fort Wayne, IN 46802

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.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By selecting 'Yes' and typing my name above, I am electronically signing the application and agreeing to the terms and conditions stated in the K&K Consent for Electronic Transactions. I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. ❍ **Yes** ❍ **No**

_____ _____

Applicant's Signature | Producer's Signature (if applicable)

_____ _____

Applicant's Name (print) | Producer's Name (print)

_____ _____

Date (MM/DD/YY) | Date (MM/DD/YY)