



United States Liability Insurance Group

Non Profit Package Special Events/Liquor Liability Addendum



P.O. Box 768 Hendersonville, TN 37077
800-768-7475 Fax (615) 264-3980
www.bsris.com

ADDENDUM

Note: This addendum must be completed for each event the organization holds off premises. All questions must be answered.

Name of Organization: _____

How many special events are planned off premises for the next 12 months? _____

Failure to provide proper information regarding all special events will result in coverage not being provided. The applicant must notify the insurer, prior to the event, of any additional special events not listed below. If notification is not sent to the Company, coverage will not be presumed.

TYPE OF EVENT

- | | | |
|--|--|--|
| <input type="checkbox"/> Beer Garden/Beer Tent | <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Individual Vendor Booth |
| <input type="checkbox"/> Off-site Seminar/Training | <input type="checkbox"/> Picnic | <input type="checkbox"/> Concert/Musical Performance |
| <input type="checkbox"/> Competition or Show | <input type="checkbox"/> Sporting Event/Tournament | <input type="checkbox"/> Convention/Trade Show/Exhibit |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Festival | <input type="checkbox"/> Party/Social Event |
| <input type="checkbox"/> Other (describe) _____ | | |

1. a. Location of Event (name & address): _____

- b. Location is:
- | | | |
|---|--|--|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> Hotel/Banquet Facility/Restaurant | <input type="checkbox"/> Indoors |
| <input type="checkbox"/> Convention Center | <input type="checkbox"/> Stadium | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Local Business Establishment | <input type="checkbox"/> Fair Grounds | <input type="checkbox"/> Other (describe): _____ |

2. Dates of Event: From: ____/____/____ To: ____/____/____

3. Hours of Event: From: ____am/pm To: ____am/pm If Hours vary by Date, describe: _____

4. a. Full Schedule/Description and Purpose of Event (Attach copy of brochure and/or flyer to this application): _____

b. Is this part of a larger function? Yes No If Yes, describe: _____

5. Will there be any Entertainment? Yes No If Yes, describe, (include name of performers and acts): _____

6. Estimated Total Attendees Per Day: _____

7. a. Number of Years Event has been previously held: _____

b. Actual Total Attendance for Prior Year's Event: _____

8. Will the event feature security measures such as armed security (other than local police) or guard dogs? Yes No

9. Will event feature any of the following: Yes No

a. Rides, mechanical devices, rebounding devices (ie: moonbounce or trampolines)? Yes No

Explain: _____

b. Petting zoo or animal rides? Yes No c. Fireworks? Yes No

d. Overnight camping? Yes No e. Dunk Tanks? Yes No

f. Water hazards present Pool Lake Pond Other _____

10. a. Will there be individual exhibitors, booths or vendors at the event? Yes No

b. If Yes, are they required to carry their own insurance? Yes No

LIQUOR LIABILITY

11. a. Is Applicant Sole Vendor of Alcohol at Event? Yes No If No, List Number of Other Vendors Serving Alcohol _____

b. Are all Participating Alcohol Vendors Required to Carry Minimum Liquor Liability Limits for the Event? Yes No
If Yes, provide copy of Certificate of Insurance.

12. a. Will Alcohol be dispensed by a Professional Bartender? Yes No

b. If No, will alcohol be self serve? Yes No

13. If required, does applicant have a valid liquor license? Yes No Not Required

14. a. Within the last 5 years has the applicant had any reported Liquor Liability claims or notification of any potential liquor liability claims? Yes No

b. If yes, please provide date(s), description(s) and status: _____

15. a. Name of Additional Insured: _____

b. Mailing Address: _____

c. Additional Insured's Interest in Event: _____

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 MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature: _____

Must be signed by President, Chairperson or Executive Director

Title: _____ Date: _____