

HOST LIQUOR SUPPLEMENTAL APPLICATION TO SPECIAL EVENT LIABILITY

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds: _____
2. Following please list those entities which you are CONTRACTUALLY OBLIGED to list as an Additional Insured:

*If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, with respect to your activity or operation.

3. Type of Host Liquor function: _____
4. Name and Address of Permit Holder (Insured): _____
5. Liquor License Board Permit No. and Capacity applied for(# of patrons): _____
6. From - Date: _____ Time: _____ A.M. P.M.
To - Date: _____ Time: _____ A.M. P.M.
7. Number of people at Host Liquor function: _____
8. Location of Host Liquor function: _____
9. Estimated liquor sales: _____
10. Limit of Host Liquor Liability (Check One): 1Million 2 Million
11. Who is designated to handle the following:
 - A) Impaired patrons who arrive at your function _____
 - B) Patrons who have become visibly impaired at your function _____
 - C) Patrons who fight _____
 - D) Patrons who become disruptive and abusive _____
 - E) Patrons who are obviously impaired who leave your function (Alone) _____
12. If third party is responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured

****PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING SERVED AT YOUR EVENT.****