United States Liability Insurance Group
Non Profit Package Special Events/Liquor Liability Addendum

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

- ❑ 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. a. Location of Event (name & address): _____
   b. Location is: ❑ Private Residence ❑ Hotel/Banquet Facility/Restaurant ❑ Indoors ❑ Convention Center ❑ Stadium ❑ Outdoors ❑ Local Business Establishment ❑ Fair Grounds ❑ 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:
   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:_____