



## Liquor Liability Questionnaire for Special Events (Attach to an Acord application)

Applicant's name _____				
Address _____				
	Street	City	State	Zip
Applicant's website address _____		Contact's email address _____		

**\*NOTE: LIQUOR LIABILITY IS ONLY AVAILABLE IF NSI IS PROVIDING THE GENERAL LIABILITY COVERAGE FOR THIS EVENT.**

- 1) What Liquor Liability limit is requested, Per Occurrence/Aggregate?  
 \$100,000/100,000   
  \$300,000/300,000   
  \$500,000/500,000   
  \$1,000,000/1,000,000
- 2) What are anticipated alcohol sales for this special event? Beer \$\_\_\_\_\_ Wine \$\_\_\_\_\_ Liquor \$\_\_\_\_\_
- 3) What is the anticipated crowd size? \_\_\_\_\_
- 4) During what hours will alcohol be served? \_\_\_\_\_
- 5) Is a liquor license required for this event?  Yes  No
- 6) Will the servers of the alcoholic beverages be licensed bartenders?  Yes  No
- 7) Will there be law enforcement officers in the immediate area?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- 8) Will there be a double fence around the area where the alcohol will be served?  Yes  No
- 9) Will anyone under the age of 21 be permitted in the area where liquor is served?  Yes  No  
 If yes, will wrist bands be used?  Yes  No
- 10) Will IDs be checked?  Yes  No
- 11) Have you hosted similar events with the sale of alcohol?  Yes  No  
 If yes, answer the following:
  - a. Have you ever been cited for violation of a law or ordinance relative to the sale of alcohol?  Yes  No
  - b. Have there been any fights among patrons during previous events?  Yes  No
  - c. Have there been any fights between your employees and patrons?  Yes  No
- 12) Have you had prior Liquor Liability coverage for this event?  Yes  No  
 If yes, provide name of company: \_\_\_\_\_  
 Premium \$ \_\_\_\_\_
- 13) **(NOT APPLICABLE IN MISSOURI)** Have you ever had Liquor Liability coverage non-renewed or cancelled?  Yes  No
- 14) Please provide the name and phone number of the contact person in charge of the alcohol sales:  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 15) List all claims or occurrences that may give rise to claims for the previous five years:  
 \_\_\_\_\_  
 \_\_\_\_\_

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

_____ Applicant's Signature	_____ Date	
_____ Agent's Signature	_____ Agency Name	_____ Date