



# Non Profit Package Product

## NON PROFIT PACKAGE SPECIAL EVENTS/LIQUOR LIABILITY 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:

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?  Not Required  Yes  No
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: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (President, Chairperson or Executive Director)

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Agent or Broker License number \_\_\_\_\_  
 Mail complete application through local Agent or Broker to: \_\_\_\_\_  
 \_\_\_\_\_