



Non Profit Package Product

NON PROFIT PACKAGE SPECIAL EVENTS/LIQUOR LIABILITY ADDENDUM

Note: This addendum must be completed for each event. Please answer all questions.

A completed addendum is required for each event for which coverage is requested. There is no coverage for any event(s) for which a fully completed addendum is not provided.

Name of Organization: _____

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

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

2. Please provide website for this event: _____

3. Location of Event (name of venue & full address): _____

4. Dates of Event: From: _____ / _____ / _____ To: _____ / _____ / _____

5. Hours of Event: From: _____ AM/PM To: _____ AM/PM If Hours vary by Date, describe: _____

6. Will there be any Entertainment? Yes No

If Yes, describe, (include name of performers and acts): _____

7. Estimated Total Attendees Per Day: _____

8. Any prior special event claims (including Liquor Liability if applicable)? Yes No

Provide details: _____

9. Will event feature any of the following:

a. Mechanical rides or devices? Explain: _____ Yes No

b. Firearms or Fireworks? Yes No

c. Overnight camping? Yes No

d. Water hazards present? Yes No

If yes, describe: _____

Will attendees be permitted to swim, boat, jet ski or fish? Yes No

If yes, describe _____

10. a. Name of Additional Insured: _____

b. Mailing Address: _____

c. Additional Insured's Interest in Event: _____

LIQUOR LIABILITY

11. a. Is Applicant Sole Vendor of Alcohol at Event? Yes No

b. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant? Yes No

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

12. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted? Yes No

Applicant's Signature _____ Title _____ Date _____

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: _____
