

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. Type of Host Liquor function: _____
3. Name and Address of Permit Holder (Insured): _____
4. Liquor License Board Permit No. and Capacity applied for(# of patrons): _____
5. From - Date: _____ Time: _____ A.M. P.M.
To - Date: _____ Time: _____ A.M. P.M.
6. Number of people at Host Liquor function: _____
7. Location of Host Liquor function: _____
8. Estimated liquor sales: _____
9. Limit of Host Liquor Liability (Check One): 1Million 2 Million
10. 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) _____
11. 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.****