

7. Are member clubs required to carry their own insurance and name the insured as an additional insured? Yes No
8. Who reviews the contracts prior to signing?
 Corporate Officers Legal Counsel Other: (please explain)
9. Is Applicant responsible for course design / set-up? Yes No
10. Advise details of the Applicant's controls to make sure event facilities are adequate for participant and spectator safety:
11. Advise details of the Applicant's controls to prevent injury to participants:
12. Advise details of the Applicant's controls to prevent injury to spectators:
13. Are waiver and release forms required to be signed by all persons entering a restricted area prior to entry? Yes No

PLEASE INDICATE WHO PERFORMS THE FOLLOWING SERVICES AT YOUR EVENTS:

Security:	Insured	Facility Owner	Sub-contractor	N/A
Parking:	Insured	Facility Owner	Sub-contractor	N/A
Concession:	Insured	Facility Owner	Sub-contractor	N/A
Liquor:	Insured	Facility Owner	Sub-contractor	N/A
EMT / Paramedic Services:	Insured	Facility Owner	Sub-contractor	N/A
Fireworks:	Insured	Facility Owner	Sub-contractor	N/A

14. Employee Benefits Liability: \$
15. Number of employees:
16. Employed benefits administrator? Yes No
17. Current carrier: Limit: \$
18. Retroactive date:
19. Other: (specify) \$
20. Other: (specify) \$
21. Deductible: \$
22. Self-Insured Retention: \$ Self-Funded Retention : \$

SECTION III – LIQUOR LIABILITY

1. Is the liquor license in the Applicant's name? Yes No
 If no, what is the name on the license and their relationship to the insured:

 Liquor license number:
 Class of license:
2. Is the liquor service sub-contracted to a third party? Yes No
 If yes, provide limits of liability maintained by the sub-contractor:
 Is the Applicant listed as additional insured under sub-contractors Liquor liability coverage? Yes No
 Is contingent Liquor liability coverage requested by insured? Yes No
3. Has the Applicant's liquor license ever been revoked or suspended? Yes No
 If yes, explain:

4. Has the Applicant incurred claims for Liquor liability during the last three (3) years? If yes, explain: Yes No
5. Has any insurer cancelled or non-renewed coverage during the last three (3) years? If yes, explain: Yes No
6. Has the Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator? If yes, explain: Yes No
7. Type of beverages sold:
 Annual gross sales: \$
 Liquor Sales: \$
 Food Sales: \$
 Other (specify) : \$
8. Are patrons allowed to carry alcoholic beverages onto the premises? If yes, what type? Yes No
9. Does the Applicant exercise the right to search and seizure contraband items? If yes, how do you notify the public of this? Yes No
10. Does the Applicant maintain security personnel at entry check points? If yes, what type? Yes No
11. Are the alcohol sales and consumption contained within one fixed site, or are booths / stands located throughout the event site?
12. Number or servers used?
 Are they professional servers? Yes No
 Explain:
 Are they volunteer servers? Yes No
 Explain:
13. Do the servers receive any type of alcohol awareness training? If yes, explain: Yes No
14. Median age of liquor customers:
 21-25 25-30 30-40 40 and over
15. Are minors allowed to enter the location where alcohol is being served? If yes, how is underage consumption of alcohol prevented? Yes No

16. Explain how ID's are checked:
17. Are uniformed police officers present at the site of alcohol sales? Yes No
 Are undercover police officers present? Yes No
 Are private security officers present? Yes No
 Average number of officers present at site:
18. Are rules and regulations clearly displayed for patrons viewing? Yes No
 Explain:
19. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes No
 Explain:
20. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No
 Explain:
21. Is there any type of designated driver program? Yes No
 Explain:
22. Limit of Liquor liability coverage requested: \$

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature:

Date:

Agent Signature:

Date: