



# SPORTS EVENT LIQUOR LIABILITY APPLICATION

Please retain a copy of this form for your records.

GENERAL INFORMATION

Named insured (as it appears on your Member Certificate): \_\_\_\_\_  
 Policy number (as it appears on your Member Certificate): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

LIQUOR LIABILITY

Liquor liability coverage pays those sums that the insured becomes obligated to pay as damages because of bodily injury or property damage imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage.

**Coverage Conditions:**

- Coverage is not available for Alaska, District of Columbia, Michigan, Rhode Island, and Vermont applicants
- Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your business organization with our Walk/Run or Amateur Sports Tournaments & Events programs.
- If alcohol is being served at an ancillary event held in conjunction with the main event, you must have commercial general liability coverage in place for this ancillary event through our Walk/Run or Amateur Sports Tournaments programs.
- Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your event program commercial general liability policy.

**If liquor liability coverage is desired, please complete the following questions:**

1. Is the named insured required to obtain a liquor license or permit?  Yes  No  
 If yes: Please provide the name of the liquor license/permit holder: \_\_\_\_\_  
 If yes: Please provide the relationship to named insured: \_\_\_\_\_  
 If yes: Please provide the liquor license/permit number: \_\_\_\_\_  
 If no, who holds the permit?  Facility  Caterer/vendor  Sponsor
2. Are alcoholic beverages (select one):  
 Sold? Provide the dollar value of alcoholic beverage sales: \$\_\_\_\_\_ and food sales: \$\_\_\_\_\_ at the event.  
 Included as part of the admission charge?  
 Served or furnished without a charge?
3. What types of alcoholic beverages are being sold/served? (check all that apply)  
 Wine  Beer  Liquor
4. Have you ever been fined or had a liquor license/permit revoked or suspended?  Yes  No
5. Has any insurer cancelled or non-renewed your coverage during the past 3 years?  Yes  No
6. Are patrons allowed to carry alcoholic beverages onto the premises during your event?  Yes  No
7. Are alcoholic sales and consumption contained with a fixed and/or secured area?  Yes  No
8. Has at least one server at this event had formalized alcohol awareness training?  Yes  No
9. Are ID's checked at the event?  Yes  No
10. Will alcohol stop being served/sold at least (1) hour prior to the end of the event?  Yes  No
11. What limit of liability are you seeking? (please check one)  \$500,000/\$1,000,000 OR  \$1,000,000/\$2,000,000

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-426-2889 • Fax 1-260-459-5105  
[www.kandkinsurance.com](http://www.kandkinsurance.com)

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

Please list out each event and its location where alcohol is being served. Ancillary events/activities before and after the main event are considered separate events as are events/activities held at a separate location. Please list each event/activity separately below. If additional space is needed, please complete on a separate sheet of paper.

**EVENT #1**

Name of event: \_\_\_\_\_ Location: \_\_\_\_\_

When is alcohol available:  Before event (day before)  Before event (day of)  During event  After event

Date of event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours: \_\_\_\_:\_\_\_\_ AM/PM to \_\_\_\_:\_\_\_\_ AM/PM

Who are alcoholic beverages available to:  Participants only  Spectators only  Participants and spectators

Please provide the # of Participants \_\_\_\_\_ # of Spectators \_\_\_\_\_ = Total Attendees

**EVENT #2**

Name of event: \_\_\_\_\_ Location: \_\_\_\_\_

When is alcohol available:  Before event (day before)  Before event (day of)  During event  After event

Date of event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours: \_\_\_\_:\_\_\_\_ AM/PM to \_\_\_\_:\_\_\_\_ AM/PM

Who are alcoholic beverages available to:  Participants only  Spectators only  Participants and spectators

Please provide the # of Participants \_\_\_\_\_ # of Spectators \_\_\_\_\_ = Total Attendees

**EVENT #3**

Name of event: \_\_\_\_\_ Location: \_\_\_\_\_

When is alcohol available:  Before event (day before)  Before event (day of)  During event  After event

Date of event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours: \_\_\_\_:\_\_\_\_ AM/PM to \_\_\_\_:\_\_\_\_ AM/PM

Who are alcoholic beverages available to:  Participants only  Spectators only  Participants and spectators

Please provide the # of Participants \_\_\_\_\_ # of Spectators \_\_\_\_\_ = Total Attendees

Submit completed supplemental form, for a quote, to us (retain a copy for your records)

- E-mail info@sportsinsurance-kk.com
- Fax 1-260-459-5105
- Mail  
Regular: K&K Insurance Group, Inc.  
Mass Merchandising-Am Spts  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.  
Mass Merchandising-Am Spts  
1712 Magnavox Way  
Fort Wayne, IN 46804

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)