

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: _____
 NY Applicants must provide a street address. PO Boxes cannot be accepted.
 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, Michigan, and Rhode Island 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:

- 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 yes: Please provide the class of license: _____
 If no, who holds the permit? ☐ Facility ☐ Caterer/vendor ☐ Sponsor
- Are alcoholic beverages (select one):
☐ Sold? ☐ Included as part of the admission charge? ☐ Served or furnished without a charge?
- What types and proof of alcoholic beverages are being sold/served? (check all that apply)
☐ Wine - Proof: _____ ☐ Beer - Proof: _____ ☐ Liquor - Proof: _____
- Has applicant ever been fined or had a liquor license/permit revoked or suspended? ☐ Yes ☐ No
 If yes, please explain: _____
- Has applicant incurred claims for liquor liability during the last 3 years? ☐ Yes ☐ No
 If yes, please explain: _____
- Has any insurer cancelled or non-renewed your coverage during the past 3 years? ☐ Yes ☐ No
 If yes, what type? _____
- Are patrons allowed to carry alcoholic beverages onto the premises during your event? ☐ Yes ☐ No
- Are alcoholic sales and consumption contained within a fenced fixed and/or secured area? ☐ Yes ☐ No
 If yes,
 a) Within _____ 1 fixed site, or _____ booth/stands located throughout the event site
 b) Are minors allowed to enter? ☐ Yes ☐ No
- Do you maintain security personnel at event entry check points? ☐ Yes ☐ No
 If yes, what type? _____
 a) Do they exercise the right of search and seizure of contraband items? ☐ Yes ☐ No
 If yes, how do they notify the public of this? _____

10. Are the servers professional (two years bartending experience or more)? ☐ Yes ☐ No
 Are the servers non-professional (less than 2 years or no bartending experience)? ☐ Yes ☐ No
 Explain: _____
11. Name the formal awareness training program that the servers receive: _____
12. At what point of sale are I.D.'s checked? _____
13. Are rules and regulations clearly displayed for patrons' viewing? ☐ Yes ☐ No
 Explain: _____
14. In what size container is the alcoholic beverage served at each event?
☐ Cup ___ oz. ☐ Pitcher ☐ Other _____
15. Can patrons purchase more than two alcoholic beverages at one time? ☐ Yes ☐ No
 If yes, please explain: _____
16. Is there any type of designated driver program in effect? ☐ Yes ☐ No
 Explain: _____
17. Is there any other Liquor Liability coverage being provided? ☐ Yes ☐ No
 If yes, explain and attach a copy of the certificate of insurance: _____
18. Will alcohol stop being served/sold at least (1) hour prior to the end of the event? ☐ Yes ☐ No
19. What limit of liability are you seeking? (please check one) ☐ \$500,000/\$1,000,000 OR ☐ \$1,000,000/\$2,000,000



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www.mycare26.com/specialty-programs
 CA # 0H64806, TX # 1554208, FL # L074590

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: ____/____/____ Opening & Closing Hours of Event: _____ AM/PM to _____ AM/PM

Opening & Closing Hours of Alcoholic Beverage Sales: _____ 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

Gross Sales Amount: Alcoholic Beverage Sales: \$ _____ Food Sales \$ _____

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: ____/____/____ Opening & Closing Hours of Event: _____ AM/PM to _____ AM/PM

Opening & Closing Hours of Alcoholic Beverage Sales: _____ 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

Gross Sales Amount: Alcoholic Beverage Sales: \$ _____ Food Sales \$ _____

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: ____/____/____ Opening & Closing Hours of Event: _____ AM/PM to _____ AM/PM

Opening & Closing Hours of Alcoholic Beverage Sales: _____ AM/PM to _____ AM/PM

Who are alcoholic beverages available to: ☐ Participants only ☐ Spectators only ☐ Participants and spectator

Please provide the # of Participants _____ # of Spectators _____ = Total Attendees

Gross Sales Amount: Alcoholic Beverage Sales: \$ _____ Food Sales \$ _____

MAILING INSTRUCTIONS

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

- E-mail recsportsandmore@recsportsandmore.ahpcare.com
- Fax 1-913-754-5617
- Mail Academic HealthPlans
PO Box 81315
Cleveland, OH 44181

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)