

Texas Specialty Underwriters, Inc.

510 Turtle Cove Bivd., Suite 200 Rockwall, Texas 75087 Voice (972) 771-5653 Fax (972) 722-5392 Watts (800) 442-7050

LIQUOR LIABILITY SPECIAL EVENT SUPPLEMENTARY APPLICATION

1.	Name of Applicant:						
	Mailing Address: Applicant is: Individual Partnership Joint Venture Corporation						
	Web Site Address:						
2.	Name on Liquor License:						
	Note: it must be the same as the named insured.						
	Type of Liquor License:						
3.	Name of Additional insured:						
	Mailing Address: Interest in the Named Insured:						
	interest in the Named Insured:						
4.	Limits of Liability Requested:						
5	Desired Date(s) of Coverage:to						
01	Desired Date(0) of Coverage.						
6.	6. Hours of the Event? Per Daya.m. top.m.						
7.	Type and Purpose of the Event:						
8.	Location of Event:						
9. Provide a sketch of the outdoor event and identify where the beer garden.							
10. Advise the number of entrances and exits to the;							
	Event						
	Beer Garden						
11	Provide a copy of the scheduled events:						
	Attach a Brochure, Flyer or any other form of Advertisement for the event.						
12	Is the alcohol being served in controlled and forced off area?						
14	. Is the alcohol being served in controlled and fenced off area?YESNO						
13	. Can the alcohol be taken away from the area where it is being served? YES NO						
14	. Can the alcohol be brought in by attendees of the event? YES NO						
15	. What prevents #13. and # 14. from occurring?						

CQ-SPECIAL EVENT LIQUOR APP (06/03)

	who is checking the 1.D. s?						
	When are I.D.'s checked? After I.D.'s are checked, are wrist bands used, hands stamped, etc.? YES						
		NO					
	Are minors allowed in the Beer Garden?						
	Are minors given a different color of wrist band? Feel free to offer additional information regarding the checking of ID.						
	reel nee to offer additional information regarding the checking of 1D.						
17.	Will there be professional bartenders? YES NO If ves, how many?						
	Will there be professional bartenders? YES NO If yes, how many? Will there be volunteers in addition to the professional bartenders? How many?						
	Have the bartenders attended any formal serving courses ieTABC, TIPS, RAMP? Describe:						
	Have the volunteers attended any formal serving courses ie TABC, TIPS, RAMP?						
	Describe:						
	What type of security is being provided?						
19.	Is the applicant the sole vendor of the alcohol at this event? Yes No	o					
20.	Are all vendors required to carry Liquor Liability coverage?YesN	lo					
21.	Will the "insured" be providing any entertainment? Yes No						
	If yes, describe:						
22.	If there is entertainment at this event, and the insured is not resposbile for providing it, advise what entertainment is.	the					
RA	ATING INFORMATION						
1a.	Estimated total attendance per day:						
	Estimated total attendance consuming alcohol per day:						
	Average age of crowd:						
	Average age of crowd: Estimated percent consisting of minors:						
2a.	Estimated food and beverage sales per day:						
3a.	Estimated alcohol sales per day:						
4a.	If there are no liquor receipts, how much is the insured spending on alcohol?						
5a.	Does the admission charge include drinks? Yes No If yes, what is the cost of admission per person?						
	If yes, what is the cost of admission per person?						
6a.	How many drinks are allowed per person?						
7a.	How is this monitered?						
8a.	Attendance is: Invitation Only Open To Public						

CQ-SPECIAL EVENT LIQUOR APP (06/03)

9a.	Alcohol served: Bcer Only Wine Only Be	eer/Wine Beer/Wi	ine/Hard Liquor			
10a	a. What is the price per drink?					
11a	a. What is the size of cup or glass the alcohol is being sen	rved in?				
HI	STORY					
lb.	Number of years Event has been previously held:					
2b.	b. If insured has been an alcohol vendor in previous years, who was the Liquor Liability carrier?					
3b.	Any losses / claims or Alcohol related violations in the If yes, advise what was paid and describe the violation	last 5 years?	YES	NO		
Ang for	RAUD STATEMENT by person who knowingly and with intent to defraud any insurance containing false information, or conceals for a material thereto, commits a fraudulent insurance act with the statement of the st	the purpose of mislead				
I ha are whi	ARRANTY STATEMENT ave read this application and I declare that to the best of true and accurate, and that these statements are offered sich I am applying. I agree that this application will be n acceptance of this application by issuance of a policy.	as an inducement to the policy	he company to issue cy, should the Comp	the policy for		
Applicants Signature		Date				
	Agency	Title	D	ate		
Signature/Broker		Address				
		City, State & Zip				