



Liquor Liability Application: TEMPORARY EVENTS - MA, RI, NH, CT, PA, NC

***All fields marked with an asterisk (*) are required for processing.**

Policy Information
 Named Insured: _____
 D/B/A: _____
 Mailing Address: _____ Phone Number: _____
 Premises Address of Event: _____
 *Email Address of Insured _____
 Policy Term: from _____ to _____
 *Hours of Event: _____ # of Days of Event: _____

Limits:
 \$50,000 per person/\$100,000 per occurrence/\$100,000 aggregate
 \$100,000 per person/\$200,000 per occurrence/\$200,000 aggregate
 \$250,000 per person/\$250,000 per occurrence/\$250,000 aggregate
 \$500,000 per person/\$1,000,000 per occurrence/\$1,000,000 aggregate
 \$1,000,000 per person/\$1,000,000 per occurrence/\$2,000,000 aggregate

***Event Information:**
 Type and purpose of Event: _____

 Insured's interest in event: _____
 Who is serving/providing/pouring the alcohol? _____
 Is there a designated bartender? Yes No Are bartenders trained in an alcohol awareness program?
 Yes No Name of program _____
 Is there a designated area for drinking and what controls are in place to prevent over service? _____
 Is applicant the sole vendor/server of alcohol? Yes No
 If multiple vendors are all required to have liquor liability insurance in place? Yes No
 Will there be Entertainment? If yes, describe: _____
 Estimated # of attendees consuming alcohol daily: _____ # of Days: _____

***Optional Endorsements**
Assault & Battery Endorsement – Select Sub limits below
 \$100,000/\$200,000/\$200,000 \$500,000/\$1,000,000/\$1,000,000
 \$250,000/\$500,000/\$500,000 \$1,000,000/\$1,000,000/\$1,000,000
 I decline to purchase Assault & Battery Coverage
Property Damage Endorsement
Additional Insureds applicable to Liquor Policy
 Name _____ Address _____ Interest _____
 Name _____ Address _____ Interest _____

***Event Information for Liquor Liability Coverage**

Class Code: 41 – Temporary Event – for single or multi-day events, weddings, parties, etc.
Estimated # of attendees consuming alcohol daily: _____ # of Days: _____

Payment

Payment in full

Visit our website-www.hmic.com and select pay online tab to make payment.

***Agents/Applicants Certification & Authorized Signatures**

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company's reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant's retail and wholesale purchases of alcoholic beverages.

Applicants Section

Applicants Name: _____ Title _____
Telephone: _____ Email Address: _____
***Applicant's Signature:** _____ Date: _____

Agent/Broker's Section

Name of agency: _____ Name of Agent _____
***Agents Signature:** _____ Email Address: _____

Fraud statement: 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 material or 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.