



Mid America Specialty Markets
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Liquor Liability Questionnaire for Special Events (Attach to an Acord Liquor Liability application)

Policy Number: _____

Applicant's name _____

Address _____

Street City State Zip

Applicant's website address _____ Contact's email address _____

SUBMISSION REQUIREMENTS:

- FULLY COMPLETED ACORD LIQUOR LIABILITY APPLICATION (ACORD 803)
- FIVE YEARS OF CURRENTLY VALUED HARD COPY LOSS RUNS

***NOTE: LIQUOR LIABILITY FOR SPECIAL EVENTS IS ONLY AVAILABLE IF NSI IS PROVIDING THE GENERAL LIABILITY COVERAGE FOR THIS EVENT.**

- 1) What are anticipated alcohol sales for this special event? Beer \$ _____ Wine \$ _____ Liquor \$ _____
- 2) What is the anticipated crowd size? _____
- 3) During what hours will alcohol be served? _____
- 4) Is a liquor license required for this event? Yes No
- 5) Will the servers of the alcoholic beverages be licensed bartenders? Yes No
- 6) Will there be law enforcement officers in the immediate area? Yes No
 If yes, please explain: _____
- 7) Describe the types of security present (e.g. law enforcement, security guards, door hosts, video surveillance, etc.): _____
- 8) Will there be a double fence around the area where the alcohol will be served? Yes No
- 9) Will anyone under the age of 21 be permitted in the area where liquor is served? Yes No
 If yes, will wrist bands be used? Yes No
- 10) Will IDs be checked? Yes No
- 11) Have you hosted similar events with the sale of alcohol? Yes No
 If yes, answer the following:
 - a. Have you ever been cited for violation of a law or ordinance relative to the sale of alcohol? Yes No
 - b. Have there been any fights among patrons during previous events? Yes No
 - c. Have there been any fights between your employees and patrons? Yes No
- 12) Have you had prior Liquor Liability coverage for this event? Yes No
 If yes, provide name of company: _____
 Premium \$ _____
- 13) **(NOT APPLICABLE IN MISSOURI)** Have you ever had Liquor Liability coverage non-renewed or cancelled? Yes No
- 14) Please provide the name and phone number of the contact person in charge of the alcohol sales:
 Name: _____ Phone Number: _____
- 15) List all claims or occurrences that may give rise to claims for the previous five years:



The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Agency Name

Date