



1712 Magnavox Way
 P.O. Box 2338
 Fort Wavne, Indiana 46801

CA #0334819

LIQUOR LIABILITY INSURANCE FORM

1. Named Insured as it is to appear on policy: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ E-mail Address: _____
 Telephone Number: (____) _____ Fax Number: (____) _____

2. Name Liquor License is in: _____

3. Liquor License Number: _____ Class of License: _____

4. Opening and closing hours of event(s) (for each event): _____

5. Opening and closing hours of alcoholic beverage sales (for each event, must contain a minium 1/2 hour buffer:

6. Has applicants' alcohol beverage license ever been revoked or suspended? Yes No
 If yes, please explain: _____

7. Has applicant incurred claims for liquor liability during the last three years? Yes No
 If yes, please explain: _____

8. Has any insuror cancelled or non-renewed coverage during the last three years? Yes No
 If yes, please explain: _____

9. Has applicant ever been fined by alcoholic beverage control or other governmental regulator? Yes No
 If yes, please explain: _____

10. Type of alcohol beverages sold: _____ What proof: _____

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
 If yes, what type: _____

13. Do you maintain security personnel at event entry check points? Yes No
 If yes, what type: _____

Do they exercise the right of search and seizure of contraband iteams Yes No
 If yes, how do they notify the public of this?: _____

14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No

15. If site is completely enclosed, are minors allowed to enter? Yes No

16. Are the servers professional (two years bartending experience or more) Yes No
 Are the servers non-professional (no bartending experience) Yes No
 Explain: _____

17. Do the servers receive any type of alcohol awareness training? Yes No
 Explain: _____

18. At what location are I.D.'s checked? _____

19. Are rules and regulations clearly displayed for patrons' viewing? Yes No
 Explain: _____

20. In what size container is the alcoholic beverage served at each event? Cup _____ oz. Pitcher Other: _____

21. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes No
 (We require maximum of two per person per trip) Explain: _____

22. Is there any type of designated driver program in effect? Yes No
 Explain: _____

23. Is there any other underlying Liquor Liability coverage being provide? Yes No
 If yes, explain and attach a copy of the certificate of insurance: _____

24. Limits of Liquor Liability purchased? Yes No
 If yes, what is the additional limit? _____

Comments: _____

I understand that K&K Insurance Group, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insureds or an insureds property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Information Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Information Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

I also understand that this is not an application for insurance and that no insurance is or will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

Signature: _____ Date: _____

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania
 Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

Colorado
 It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Ohio
 Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah
 Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma
 Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

California
 Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.