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| **Educational institution name:** |  |

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| **Liquor Liability** |

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| 1. Alcohol is served by: | | | Insured | Caterer | Other: | | |
| 1. Is a charge made for alcohol served? | | | | | | Yes  Yes  No | No |
| 1. If “yes”, what are the total receipts from alcohol sales: | | | | | | $ | |
| 1. Do persons serving alcohol have a license? | | | | | | Yes  Yes  No | No |
| 1. Have there been any liquor violations or has your liquor license been suspended/revoked in the last 5 years? | | | | | | Yes  Yes  No | No |
| 1. If “yes”, explain: |  | | | | | | |
| 1. Does the educational institution have written procedures in place for serving customers including minors, checking IDs, the treatment of customers who appear intoxicated, arranging rides home, etc.? | | | | | | Yes  Yes  No | No |
| 1. Does the educational institution require your servers to be trained in an alcohol beverage intervention program such as TIPS? | | | | | | Yes  Yes  No | No |
| 1. If “yes”, how often do you require your servers to receive training? | | | | | |  | |
| 1. Has your liquor liability insurance ever been declined, cancelled or non-renewed? | | | | | | Yes  Yes  No | No |
| 1. If “yes”, explain: |  | | | | | | |
| 1. Have you ever had any liquor liability claims? | | | | | | Yes  Yes  No | No |
| 1. If “yes”, explain: |  | | | | | | |
| 1. Are Certificates of Insurance obtained from all vendors or caterers and are you named as an Additional Insured on all Certificates of Insurance? | | | | | | Yes  Yes  No | No |
| 1. Indicate type of events where liquor is served: | |  | | | | | |

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| This supplemental application becomes part of your primary application and must be signed and dated.  Coverage cannot be bound until the Company approves your completed application. |

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| Signature |  | Date |