|  |  |
| --- | --- |
| **Educational institution name:** |       |

|  |
| --- |
| **Liquor Liability**  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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:
 |       |

|  |
| --- |
| 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. |

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |