

# Liquor Event Questionnaire

(Please fill out a new form completely for **each** event or project)

1. Chapter Requesting Liquor Liability Insurance Coverage: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax :(\_\_\_\_\_) \_\_\_\_\_

Event Name	Date	Estimated Gross Alcoholic Beverage Sales	Food Sales
_____	_____	\$_____	\$_____

2. Name Liquor License is in: \_\_\_\_\_

3. Liquor License Number (*if known*): \_\_\_\_\_ Class of License: \_\_\_\_\_

4. Has applicants' alcohol beverage license ever been revoked or suspended? Yes No

If yes, please explain: \_\_\_\_\_

5. Has applicant incurred claims for liquor liability during the past three (3) years? Yes No

If yes, please explain: \_\_\_\_\_

6. Has applicant ever been fined by alcoholic beverage control or other governmental regulations? Yes No

If yes, please explain: \_\_\_\_\_

7. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No

If yes, what type? \_\_\_\_\_

8. 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 items? Yes No

If yes, how do they notify the public of this? \_\_\_\_\_

9. Are the alcohol sales and consumption contained by fencing within one fixed site? Yes No

If no, please explain: \_\_\_\_\_

10. Are booths/stands located throughout the event site? Yes No

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

If yes, please explain your policy to handle minors at your event (i.e. wrist banding, point-of-sale identification check, etc.)

\_\_\_\_\_

12. Are the servers professional (two years bartending experience or more)? Yes No

Are the servers non-professional (no bartending experience)? Yes No

Explain: \_\_\_\_\_

13. Do the servers receive any type of alcohol awareness training? (Note: Training is required – describe below) Yes No

Explain: \_\_\_\_\_

14. At which location(s) are ID's checked? \_\_\_\_\_

15. Are rules and regulations clearly displayed for patrons' viewing? Yes No

Explain: \_\_\_\_\_

16. We strongly suggest that your chapter post a local cab company number (if available in your area) or have your liquor distributors supply "Please Do Not Drink & Drive" signage. Is there any type of designated driver program in effect? Yes No

Explain: \_\_\_\_\_

17. Are there any additional Liquor Liability coverage being provided? Yes No  
If yes, explain and attach a copy of the certificate of insurance: \_\_\_\_\_

18. Are there any additional Limits of Liquor Liability needed for your event? Yes No  
If yes, what is the additional limit? \_\_\_\_\_

19. Do you need to provide proof of insurance to anyone for this event? Yes No  
Certificate holder information (If necessary, additional certificate holders may be listed in the Additional Comments section)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax or email address to send proof: \_\_\_\_\_

20. Do they want to be listed as additional insured for the event? Yes No  
**If yes, please complete the ADDITIONAL INSURED AGREEMENT form**

21. I understand that the insurance coverage provided through JCI Minnesota has a limit of a maximum of two 16 oz alcoholic beverages per person per trip and violation of this limit could result in denial of coverage. \_\_\_\_\_  
**(Initial Here)**

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Information**

**Event Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Brief Description of Event:** \_\_\_\_\_

**Where is the event being held?** \_\_\_\_\_

**Who owns the property?** \_\_\_\_\_

**Is your chapter organizing the event?** Yes No

**If no, who is the organizing entity?** \_\_\_\_\_

**Have you asked them to list your chapter and JCI Minnesota as Additional Insureds?** Yes No

**If they have said no, what was their reason?** \_\_\_\_\_

**Opening and closing hours of event:** \_\_\_\_\_

**Opening and closing hours of alcoholic beverage sales (each event must contain a minimum 1/2 hour buffer):** \_\_\_\_\_

**Type of alcoholic beverages sold:** \_\_\_\_\_ **What Proof:** \_\_\_\_\_

**What size container is the alcoholic beverage being served in? Cup \_\_\_\_\_ oz\* Pitcher (conditional – please call) Other \_\_\_\_\_**

**\*Please note that the maximum cup size allowed is 32 oz.**

I understand that the insuring company shall be permitted but not obligated to inspect a proposed insureds or 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 a undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe of 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 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 provides a quotation offering to provide insurance coverage and the insurance company receives written or verbal notice that the terms and conditions contained in the insurance quotation provided are accepted by the Minnesota Jaycees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ADDITIONAL INSURED AGREEMENT

*Please complete this form and submit with any insurance request that requires an entity to be listed as an additional insured (Question #20). Contact ED Erin ([insurance@mnjaycees.org](mailto:insurance@mnjaycees.org)) with any questions.*

DATE: \_\_\_\_\_

It is agreed that the \_\_\_\_\_ Jaycees are participating in the following event and agree to add \_\_\_\_\_ as an Additional Insured to the current general liability policy.

NAME OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

\_\_\_\_\_  
Chapter Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Insured Contact

\_\_\_\_\_  
Date