NSI
A DIVISION OF
WEST BEND
A MUTUAL INSURANCE COMPANY™

Liquor Liability Questionnaire for Special Events
(Attach to an Acord application)

Policy Number: _____

Applicant's name _____

Address _____
Street City State Zip

Applicant's website address_____ Contact's email address _____

***NOTE: LIQUOR LIABILITY IS ONLY AVAILABLE IN ILLINOIS, INDIANA, KANSAS, MICHIGAN, MINNESOTA, MISSOURI, OHIO, AND WISCONSIN. IT IS NOT AVAILABLE IN THE STATE OF IOWA. LIQUOR LIABILITY IS ONLY AVAILABLE IF NSI IS PROVIDING THE GENERAL LIABILITY COVERAGE FOR THIS EVENT.**

1) What Liquor Liability limit is requested, Per Occurrence/Aggregate?
☐$100,000/100,000 ☐$300,000/300,000 ☐$500,000/500,000 ☐$1,000,000/1,000,000
2) What are anticipated alcohol sales for this special event? Beer $_____ Wine $_____ Liquor $_____
3) What is the anticipated crowd size? _____
4) During what hours will alcohol be served? _____
5) Is a liquor license required for this event? ☐Yes ☐No
6) Will the servers of the alcoholic beverages be licensed bartenders? ☐Yes ☐No
7) Will there be law enforcement officers in the immediate area? ☐Yes ☐No
If yes, please explain:_____
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

8401 Greenway Blvd. Suite 1100 | Middleton, WI 53562 | Phone: (608) 410-3410 | Fax: (800) 320-1622 | www.thesilverlining.com