



Non Profit Insurance Program
Special Event and/or Liquor Liability Supplement

ENTITY INFORMATION

Named Insured:

SPECIAL EVENT INFORMATION

Name of Event:

Describe the event, including your operations:

Date(s) of Event:

Hours of Operation:

Address/Location of Event:

Estimated Attendance:

Estimated Gross Receipts: \$

If necessary, who provides security for the event?

What experience do you have in producing this event?

LIQUOR LIABILITY INFORMATION

Type of Liquor Served:

Estimated receipts from liquor sales:

Describe service policy on serving intoxicated customers:

Do servers check identification for legal age?

☐ Yes

☐ No

Is there live entertainment or a dance floor?

☐ Yes

☐ No

If yes, please explain:

If you have a current liquor license, what type do you have?

☐ Does not Apply

Permanent: ☐ Retail ☐ Non-Retail - or - One Time Only: ☐ Special Occasion ☐ Banquet ☐ Raffle Permit

Has the applicant's liquor license ever been revoked?

☐ Yes

☐ No

If yes, please provide details:

Is liquor provided or dispensed by an outside vendor or third party?

☐ Yes

☐ No

If yes, what is the vendor or third party's liquor liability limit?

If yes, is the applicant required to be named as an additional insured?

☐ Yes

☐ No

COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:

BYRON B. LEE
CLERK RISK SOLUTIONS
451 DIAMOND DRIVE
EPPING, WA 98021