

**LIQUOR LIABILITY**

We realize that obtaining liquor liability for events that include alcohol can be a confusing process. We would like to give you a brief outline of who needs this extra coverage, how to get it, and how much it costs.

Liquor Liability is needed if you are “*in the business of selling, serving, or furnishing alcoholic beverages.*” Our experience has been that you are considered as “in the business of” if you advertise that alcohol will be served (either on promotional posters or the admission tickets) or if there is any exchange of money (“donations” are considered exchange of money) for the alcohol. Your city or county officials should determine if your event requires a liquor license.

**Step 1:**

A license from the State of Iowa is needed if the above applies to the event. Liquor license applications are now completed *online* at [www.iowaabd.com](http://www.iowaabd.com)

The website will guide you through the liquor license application process. There are two particular parts of the application that seem to be confusing. The application asks for Name of Applicant. This should **always** be the **legal corporate name** of your church or school, not the person completing the application. The next line is “DBA” (abbreviation for “doing business as”). You may enter the name of your event or simply input your corporate name again. The effective date should **always be the first day that alcohol will be served** on your premises in conjunction with the event.

**A few things to note when completing your online application with the Iowa ABD:**

- The effective/expiration dates on the dram certificate **must** match the liquor license. This will determine the effective dates of the policy or endorsement.
- Typically a short term liquor license will be issued for 5 days even if the event itself is 2; the short term policy effective dates will reflect the license dates.
- The **name and location** of the event in which you apply on the Iowa ABD website **must** match verbatim what you use on the application. This is how the company will be able to approve your dram certificate so you are able to obtain the liquor license.

The license application asks for the name of the insurance carrier providing the liquor liability (or dram shop) coverage. Please enter Scottsdale Insurance Company as the insurance carrier. If changes need to be made to the license application after completing it initially – you may contact the Iowa ABD at 866-469-2223 or 515-281-7400 and they should be able to amend this for you.

**Step 2:**

After you have completed the Liquor License application successfully, the website will indicate that your application is “approved pending dram insurance”. At this point, complete the Liquor Liability Insurance application, *Liquor Liability-Special Event Application* which is included/attached. For help and questions filling out this form contact Stacey Rensberger: 563-823-7083 or 800-713-6930.

An application for Liquor Liability Insurance (Dram) must be submitted **before** the Liquor Insurance and Liquor License can be issued. The application asks questions about the event, such as how many people attend, the average age group, what type of event, the hours of the event and the type and quantity of alcohol being served. Return the completed application to Stacey Rensberger at Molyneaux Insurance. Stacey will obtain the insurance coverage at this point from the insurance carrier Scottsdale Insurance Company and will let you know what the premium is via an endorsement.

When the insurance is in place, your license will be approved and the certificate will be issued online with the Iowa Alcoholic Beverages Division, usually within 7 business days.

The premium charge for one-day events is approximately \$265 per day (so two day events will be approximately \$530 – so on and so forth). Please do not hesitate to contact our office with any questions you may have.

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

**Liquor Liability—Special Event Application**

The applicant name and address MUST match verbatim the name and address used on the liquor license application

**Complete a separate application for each event.**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Event Location: \_\_\_\_\_  
 \_\_\_\_\_  
 Website Address: \_\_\_\_\_

Agency Name: **Molyneaux Insurance, Inc.**  
 Agent: **Dan Molyneaux**  
 Address: **5025 Utica Ridge Rd, Suite 100**  
**Davenport, IA 52807**  
 E-Mail: \_\_\_\_\_  
 Phone: **563-324-1011**

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
\$ <b>150,000</b>	\$

**1. Description of event** (attach any flyers, brochures, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- a. Maximum daily attendance: \_\_\_\_\_ Total attendance: \_\_\_\_\_
- b. Length of event:  
 Less than one day (number of hours) \_\_\_\_\_ or More than one day (number of days) \_\_\_\_\_
- c. Does event advertising include responsible drinking public service messages? .....  Yes  No
- d. Is the applicant in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages? .....  Yes  No
- e. Will applicant's employees pour or serve alcoholic beverages?.....  Yes  No
- f. Will event volunteers be allowed to pour or serve alcoholic beverages? .....  Yes  No
- g. Are attendees allowed to bring their own alcoholic beverages?.....  Yes  No

- h. Will attendees to the event be allowed to self-serve themselves alcoholic beverages? .....  Yes  No
- i. Is liquor poured or served by others hired by the applicant or vendors at the event? .....  Yes  No  
 If yes, do they have Liquor Liability coverage? .....  Yes  No  
 Does applicant obtain Certificate of Insurance as evidence of their Liquor Liability coverage? .....  Yes  No
2. **Is this the first time applicant has held this event?** .....  Yes  No  
 If no, number of times previously held: \_\_\_\_\_
3. **Has applicant ever been assessed a fine for violation of a law concerning the sale of alcohol, or had their liquor license suspended/revoked?** .....  Yes  No  
 If yes, when and why? \_\_\_\_\_
4. **Name on liquor license:** \_\_\_\_\_ **Type of liquor license:** \_\_\_\_\_
5. **Estimated liquor receipts: \$** \_\_\_\_\_ **Other receipts: \$** \_\_\_\_\_
6. **Average price for:** beer \$ \_\_\_\_\_ wine \$ \_\_\_\_\_ liquor \$ \_\_\_\_\_
7. **What is the liquor budget (cost) if liquor is being provided at no charge at the event?** ..... \$ \_\_\_\_\_
8. **Number of servers:** \_\_\_\_\_
9. **Have all servers been through alcohol awareness server training (i.e., TIPS, TOPS)?** .....  Yes  No  
 Type of course: \_\_\_\_\_
10. **How often does the applicant review liquor liability laws with employees** (including penalties for serving intoxicated customers)? \_\_\_\_\_
11. **Are procedures in place regulating the sale of alcohol to minors and those under the influence?**  Yes  No  
 If yes, describe: \_\_\_\_\_  
 How is age of customer verified? \_\_\_\_\_  
 Once age is verified, are wristbands or hand-stamps used to identify eligible attendees? .....  Yes  No  
 Are non-drinking designated drivers identified and issued separate wristbands or hand-stamps? .....  Yes  No
12. **Percent of attendees:** 25 & under \_\_\_\_\_% 26-30 \_\_\_\_\_% Over 30 \_\_\_\_\_%
13. **Is there a designated area for serving and drinking alcohol? (i.e., beer garden, bar area, etc.)** .....  Yes  No  
 If yes, is there an entrance fee or cover charge? .....  Yes  No  
 If yes, what is the amount? ..... \$ \_\_\_\_\_
14. **Is there a limited number of alcoholic drinks "per purchase?"** .....  Yes  No  
 If yes, maximum number allowed: \_\_\_\_\_
15. **Are there on-site facilities for use to allow attendees to sober up prior to leaving the event?** .....  Yes  No
16. **Are alcohol sales ended a minimum of one hour before the end of the event?** .....  Yes  No
17. **Security Activities:**  
 Security provided (check all applicable):  
 Bouncers       Doormen       Off Duty Police       Contracted Security Guards  
 Armed       Unarmed  
 Other—Describe: \_\_\_\_\_  
 Are sobriety checks used to identify possible intoxicated attendees as they leave the event? .....  Yes  No
18. **Any firearms allowed on event premises?** .....  Yes  No

19. Are there procedures for handling violent or disruptive patrons? .....  Yes  No

If yes, describe: \_\_\_\_\_

20. Additional Insured Information:

Name	Address	Interest

21. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) .....  Yes  No

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

22. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			

23. Loss History:

Indicate all Liquor Liability claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input checked="" type="checkbox"/> Check if no losses in the last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Oregon).**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

**APPLICANT'S NAME AND TITLE:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Must be signed by active owner, partner or executive officer)

**PRODUCER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGENT NAME:** **Molyneaux Insurance, Inc.** **AGENT LICENSE NUMBER:** \_\_\_\_\_  
(Applicable to Florida Agents Only)

**IOWA LICENSED AGENT:** **Daniel M. Molyneaux**  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.