

MISSOURI RURAL SERVICES CORP.

LIQUOR LIABILITY APPLICATION

Insured's Name: \_\_\_\_\_ Policy No.  
\_\_\_\_\_

Insured's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe special event where liquor will be sold by the Named Insured (include all activities that will be part of this event).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many days will event last? \_\_\_\_\_

What will be the hours for each day? \_\_\_\_\_

What is expected attendance of the event? \_\_\_\_\_

What is expected liquor sales receipts? \_\_\_\_\_

Will the Named Insured be selling: Beer or Wine? \_\_\_\_\_ Other Liquor? \_\_\_\_\_

If liquor other than beer or wine is sold, please give details: \_\_\_\_\_  
\_\_\_\_\_

—

Will the Named Insured have a Liquor License for this event? \_\_\_\_\_ If yes, license number is: \_\_\_\_\_.

How many people will be selling / serving liquor? \_\_\_\_\_

Will these be employees of the Named Insured? \_\_\_\_\_

Describe in detail precautions that will be taken to ensure against serving minors and/or intoxicated persons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

—

Describe security plans for this event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

—