



PHEASANTS

forever

NATIONAL HEADQUARTERS
1783 Buerkle Circle
St. Paul, Minnesota 55110
(651) 773-2000
(651) 773-5500 FAX
(877) 773-2070 TOLL-FREE
www.PheasantsForever.org

TO: IOWA CHAPTERS OF PHEASANTS FOREVER & QUAIL FOREVER

FROM: PHEASANTS FOREVER NATIONAL OFFICE

DATE: JULY 20, 2011

RE: LIQUOR LIABILITY INSURANCE – IOWA CHAPTERS

Due to changes in regulations by the Iowa Department of Commerce, Alcoholic Beverages Division, Pheasants Forever was required to secure different liquor liability insurance coverage. We have put together a program with Founders Insurance Company. Single event coverage under this policy is available to chapter at a cost of **\$375**. This premium is subject to change if Founders increases its premium.

Chapters will need to complete the attached application and the online license application. Please complete the chapter name the same on both forms. On the license application you need to use Founders Insurance Company as the insurance company. The license requires a minimum of 5 days and will not be approved unless this is completed correctly. When your license application is completed and your request for Liquor Liability has been received by the insurance company, your license will be approved online.

Please send the completed Insurance Application and a check in the amount of **\$375** to:

Pheasants Forever, Inc.
Attn: Pat Larson
1783 Buerkle Circle
St Paul, MN 55110

If you have any questions, please contact toll free Pat Larson at 1 (877) 773-2070, or via e-mail at plarson@pheasantsforever.org.



Special Events Liquor Liability / General Liability Application

1645 East Birchwood Avenue
Des Plaines, IL 60018

Toll Free Tel : (800) 972-8778 Fax :(847) - 795-0061

Applicant's Legal Name PHEASANTS FOREVER, INC.
 Doing Business As _____
 Mailing Address 1783 BUERKLE CIRCLE
WHITE BEAR LAKE, MN 55110

Official Name of Event _____
 Description of Event _____
 Address of Event _____

Limit of Liability: \$1,000,000 Each Claim (no aggregate limit)

Date From: _____ Hours From: _____
 To: _____ To: _____

Does Applicant Have a Valid Liquor License? Yes No

Name on Liquor License _____
 License # : _____ Licensing Authority: State of Iowa ABD
 Admission Fee \$ _____ Number of People Expected to Attend _____

ENTERTAINMENT DEVICES / LIVE ENTERTAINMENT (Check all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Pool Tables | <input type="checkbox"/> Rock/Velcro Wall |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Trampoline/Inflatable Bouncing Area |
| <input type="checkbox"/> Dart Boards | <input type="checkbox"/> Gyroscope |
| <input type="checkbox"/> Mechanical Devices/Bull Riding | <input type="checkbox"/> Bungee Jumping |
| <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Foam/Bubble Machines |
| <input type="checkbox"/> Other Describe _____ | |
|
 | |
| <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Live Bands | <input type="checkbox"/> Boxing/Wrestling |
| <input type="checkbox"/> Dance Floor | <input type="checkbox"/> Pay-Per-View Events |
| <input type="checkbox"/> Other Live Performers Describe _____ | |
| <input type="checkbox"/> Customer Contests Describe _____ | |

PROMOTIONS / SPECIALS

- | | |
|--|---|
| <input type="checkbox"/> "Happy Hour"/Reduced-Price Drink Events | <input type="checkbox"/> Waitstaff with Shots |
| <input type="checkbox"/> Flat-Fee "Open Bar" or "All-You-Can-Drink" Events | <input type="checkbox"/> Beer Tubs |
| <input type="checkbox"/> Drink Incentives ("2 for 1," Larger Servings, or "Comps") | <input type="checkbox"/> Funnel Drinking |
| <input type="checkbox"/> Other, Describe _____ | |

- Will there be a service bar only? Yes No
- Will there be only beer and wine served? Yes No
- Within the past five (5) years, has Applicant been cited for any violation of law relating to the sale of alcohol? Yes No
- Within the past five (5) years, has Applicant had an unsatisfactory health or safety inspection by public officials? Yes No

If Yes, describe further (include dates, circumstances, and preventive measures taken)

Describe precautions to be taken to prevent serving minors and intoxicated patrons:

List all claims and suits brought against Applicant within the past five (5) years which allegedly arose from a similar event (attach a separate sheet if more space is needed):

Date of Loss	Description	Amount Paid	Amount Reserved	Status O= Open C=Closed
_____	_____	_____	_____	_____

ADDITIONAL INSUREDS & CERTIFICATE HOLDERS

Name: Iowa Alcoholic Beverages Division
 Address: 1918 SE Hulsizer Road, Ankeny IA 50021
 Interest: _____

Indicate Applicable Section:

- Liquor GL
 Add Insured Certif Holder

Name: _____
 Address: _____
 Interest: _____

- Liquor GL
 Add Insured Certif Holder

WARRANTIES & REPRESENTATIONS

In submitting this Application, the undersigned warrants and represents that:

- a) The information in this Application and all attachments are true and complete as of the date submitted;
- b) Founders Insurance Company may, and is intended to, rely upon such information in determining whether to issue insurance coverage and, if so, at what premium and upon what terms;
- c) Upon any change in circumstances which bear upon the accuracy or completeness of the undersigned's representations herein, he/she shall notify Founders Insurance Company immediately in writing and such notice shall become a part of this Application;
- d) Founders Insurance Company may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this Application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise; and
- g) The submission of this Application shall not bind Founders Insurance Company or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage.

Agent _____
 (signed)

Applicant _____
 (signed)

Dated: _____

Title: _____