



PHEASANTS/QUAIL FOREVER CHAPTERS LIQUOR LIABILITY COVERAGE FOR SPECIAL EVENTS



FOR EVENTS HELD FROM NOVEMBER 25, 2020 to NOVEMBER 24, 2021

WHEN IS THIS LIQUOR LIABILITY COVERAGE REQUIRED?

Chapters must obtain this coverage in the following situations: (1) The event will be held at a location that does not have a liquor license or liquor liability insurance (e.g., community centers, town halls, etc.), or, (2) the chapter will be selling, distributing or otherwise profiting from the sale of alcohol. In situations where the event will be held at a facility that is licensed and insured to sell alcohol, and the chapter will not be distributing, receiving a percentage of the bar sales, or otherwise profiting from the sale of alcohol, this coverage is not required. In these cases, the Chapter must request proof of insurance from the facility providing the alcohol service.

WHAT IS THE COST OF THE INSURANCE?

All Chapters: \$300 PER EVENT

WHAT IS THE INSURANCE COMPANY AND LIMITS?

Coverage for all events is provided by Travelers. The limit of insurance is \$1 million per incident with \$1 million aggregate. The limit of insurance is \$1 million per incident with no aggregate for Iowa events.

HOW DOES THE CHAPTER OBTAIN THE INSURANCE?

PF and QF Chapters can obtain this coverage by returning this form via Mail to Pheasants Forever, Inc., 1783 Buerkle Circle, St Paul, MN 55110 or E-mail to insurance@pheasantsforever.org or Fax to (651) 773-5500.

WHAT IS THE DEADLINE FOR OBTAINING THE INSURANCE?

Chapters can obtain coverage at any time during the policy period. **PAYMENT MUST BE RECEIVED BY PHEASANTS FOREVER, INC. PRIOR TO COVERAGE BEING BOUND.** Please submit your form and payment at least 2 weeks prior to the event.

WHAT ELSE SHOULD THE CHAPTER DO?

It is recommended that Chapters utilize professionally trained and experienced bartenders whenever possible. It is also recommended that the Chapter obtain evidence that the bartender has completed liquor awareness training.

ADDITIONAL QUESTIONS?

Chapters that have additional questions about the coverage provided or when the coverage is required should contact Pheasants Forever, Inc. at (877) 773-2070 or e-mail at insurance@pheasantsforever.org.

CHAPTER AND EVENT INFORMATION

Chapter Name _____ Chapter # _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ E-Mail _____

Event Date _____ Liquor License Dates _____ to _____ Required for Iowa Events-5 days and must match the dates you entered on the Iowa Alcoholic Beverages Division website

Expected Number of Attendees _____ Estimated Income from Sale of Alcohol \$ _____

Facility Name _____

Facility Address _____ City _____ State _____ Zip _____

COVERAGE REQUESTED AND PAYMENT METHOD

\$300 - All Events

Check Enclosed

Withdraw From Chapter CMS Account (Required if submitting form via E-mail or Fax)

WHERE SHOULD THE CERTIFICATE OF INSURANCE BE SENT?

Mail to the Contact Address Above

E-Mail to the Contact E-mail Above

Mail to the Facility Address Above

Other (Specify) _____

IF APPLYING VIA MAIL, SEND TO: Pheasants Forever, Inc. Attn: Insurance
1783 Buerkle Circle
St Paul, MN 55110

NOTE: COVERAGE WILL NOT BE PROVIDED WITHOUT PAYMENT

IF YOU SUBMIT YOUR FORM VIA E-MAIL OR FAX, DO NOT MAIL IT TO THE NATIONAL OFFICE