

Event Coverage Supplemental Application

Quote Effective Date: _____

Event Location Address: _____

Date of Event: _____

Event or Corporate/ Trust Ownership?

- ☐ Personal
- ☐ Corp/ Trust

Event Type: Choose from the following:

- ☐ Wedding Ceremony, Reception, and or Rehearsal
- ☐ Private Party
 - ☐ Anniversary
 - ☐ Baby Shower
 - ☐ Baptism
 - ☐ Bar/ Bat Mitzvah
 - ☐ Birthday Party
 - ☐ Engagement Party
 - ☐ Family Reunion
 - ☐ Graduation/ Achievement
 - ☐ Holiday
 - ☐ Housewarming Party
 - ☐ Memorial Service
 - ☐ Retirement Party
 - ☐ Other: _____
- ☐ Business or Organizational Event
 - ☐ Business Dinner
 - ☐ Business Meeting
 - ☐ Class Reunion
 - ☐ Corporate Private Party
 - ☐ Fundraising Event
 - ☐ Non- Profit Function
 - ☐ Other: _____

Will the event involve animals? Yes ☐ No ☐

Will the event involve firearms or other weapons? Yes ☐ No ☐

Will the event involve amusement devices such as bounce house, blowup slides, moon walk, petting zoo, dunk tank? Yes ☐ No ☐

Personal Lines: Event Coverage Supplemental Form

Honoree Information:

Honoree 1: First and Last Name: _____

Honoree 2: First and Last Name: _____

Venue Description:

Venue Name: _____

Venue Address: _____

Estimated Number of Guest: _____

Venue Type: (Choose one of the following)

- ☐ Church/ House of Worship
- ☐ Bed & Breakfast
- ☐ Estate/ Historic Home
- ☐ Hotel
- ☐ Museum
- ☐ Outdoor Venue
- ☐ Park
- ☐ Private Home
- ☐ Rental banquet Facility
- ☐ Restaurant
- ☐ Winery
- ☐ Other: _____

Are you using an Event Coordinator?

Yes ☐

No ☐

If yes, please provide the following:

First & Last Name: _____

Address: _____

Complete the below section if Wedding Ceremony, Reception, and/ or Reception:

Owner Personal Information:

First and Last Name: _____

Mailing Address: _____

Primary Phone Number: _____

Email Address: _____

Complete the below section if Private Party:

Owner Personal Information:

First and Last Name: _____

Mailing Address: _____

Personal Lines: Event Coverage Supplemental Form

Primary Phone Number: _____

Email Address: _____

Complete the below section if Business or Organization Event:

Business or Organization Event:

Organization Name: _____

Organization Address: _____

Cancellation Coverage:

Cancellation or Postponement of Event Limit: (Choose one of the following)

- | | | |
|-----------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> None |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$100,000 | |
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$125,000 | |
| <input type="checkbox"/> \$35,000 | <input type="checkbox"/> \$150,000 | |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$175,000 | |

****Business or Organization Events are not eligible to purchase Cancellation Coverage***

Liability:

Liability Coverage Amount (Per occurrence/ aggregate including property damage): (Choose one of the following)

- ☐ \$500,000/ \$500,000
- ☐ \$1,000,000/ \$1,000,000
- ☐ \$1,000,000/ \$2,000,000

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Date: _____

Date: _____

Signature of Applicant: _____

Signature of Producer: _____