

SPECIAL EVENT APPLICATION

Producer Name: _____

Producer Code: _____ SubCode _____

Named Insured: _____
Mailing Address: _____
City _____ State _____ Zip Code _____
Phone:(D) _____
Phone:(N) _____

LOCATION OF EVENT: _____

Type of Event	Number OF Guests (Maximum of 5,000)	Number Of days
_____	_____	One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/>

EVENT DATE:
From: ____ / ____ / ____ Time: ____ AM/PM To: ____ / ____ / ____ Time: ____ AM/PM

LIQUOR LIABILITY COVERAGE

Limits of Liability Coverage \$500,000 (CSL) \$1,000,000 (CSL)

OWNERS', LANDLORDS', & TENANTS' LIABILITY

Limits of Liability Coverage \$500,000 (CSL) \$1,000,000 (CSL)

Additional Insured: _____
Address: _____

Applicant's Statement:
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.

Applicant's Signature _____ Agent's Signature _____