

CATERING SUPPLEMENT

(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

1. Type of activities catered:

- | | |
|--|---------------------------|
| _____ Business Meetings | _____ Sport Events |
| _____ Fundraisers | _____ Anniversary Parties |
| _____ Benefit Dances | _____ Funeral Dinners |
| _____ Wedding Receptions – Number per year _____ | |
| _____ Other (Describe) _____ | |

2. On – Premises Operations: Yes No

Alcohol Receipts \$ _____
Food Receipts \$ _____

Are these amounts included in your annual alcohol and food receipts listed in the Annual Gross Receipts section of the Liquor Liability Application or is this in addition to that amount?
_____ Included _____ In Addition

3. Off - Premises Operations: Yes No

Alcohol Receipts \$ _____
Food Receipts \$ _____

Are these amounts included in your annual alcohol and food receipts listed in the Annual Gross Receipts section of the Liquor Liability Application or is this in addition to that amount?
_____ Included _____ In Addition

4. Does our Insured supply the bartenders at all times? Yes No

5. Does our Insured supply the alcohol at all times? Yes No

6. Are all events cash bar? Yes No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____