

BANQUET / HALL FACILITIES SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____ Fax: _____
 Policy Number: _____

1. What types of functions are the banquet rooms/halls used for? (X all applicable)

<input type="checkbox"/> Anniversary Parties	<input type="checkbox"/> Clubs (type of club): _____
<input type="checkbox"/> Benefit Dances	<input type="checkbox"/> Fundraisers
<input type="checkbox"/> Birthday Parties	<input type="checkbox"/> Funeral Dinners
<input type="checkbox"/> Business Meetings	<input type="checkbox"/> Sport Events
<input type="checkbox"/> Class Reunions	<input type="checkbox"/> Wedding Receptions (# per year): _____
<input type="checkbox"/> Other (describe): _____	

2. Does applicant supply the bartender at all times? Yes No
3. Does applicant supply the alcohol at all times? Yes No
4. Are all events cash bar? Yes No
5. Can entertainment be brought in by others? Yes No
 If yes, provide details: _____
6. How often are the banquet rooms/halls used each year? _____
7. What is the seating capacity of each banquet room/hall? _____
8. Provide annual alcohol receipts generated from the banquet rooms/halls: \$ _____
 Is this amount: **Included in** or **In addition to** the receipts listed in the Annual Gross Receipts section of the Liquor Liability Application?
9. Is the renter allowed to supply any food or liquor? Yes No
 If yes, does the applicant require a hold harmless agreement? 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.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date