



**EVERGREEN
INSURANCE
MANAGERS**

BANQUET/HALL FACILITIES SUPPLEMENT

(Include Acord Application)

Applicant's Name: _____

Phone: _____

Location Address: _____

Fax: _____

1. What type of functions are the banquet rooms/halls used for?

- | | |
|--|---------------------------|
| _____ Business Meetings | _____ Sport Events |
| _____ Fundraisers | _____ Anniversary Parties |
| _____ Benefit Dances | _____ Funeral Dinners |
| _____ Class Reunions | _____ Birthday Parties |
| _____ Wedding Receptions - Number per year _____ | |
| _____ Clubs (Type of Club) _____ | |
| _____ Other (describe) _____ | |

2. Does our Insured supply the bartender at all times? Yes No
3. Does our Insured 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

Comments: _____

6. How often are the banquet rooms/halls used on an annual basis? _____

7. What is the seating capacity of the banquet rooms/hall? _____

8. What are the annual alcohol receipts generated from the banquet rooms/halls? \$ _____

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

9. Is the renter allowed to supply any food or liquor? If yes, does the applicant require hold harmless. 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 _____