



**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 \_\_\_\_\_