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| ***ENTITY INFORMATION*** |
| Named Insured:   |
| ***SPECIAL EVENT INFORMATION*** |
| Name of Event:  |
| Describe the event, including your operations:  |
| Date(s) of Event:  | Hours of Operation:       |
| Address/Location of Event:  |
| Estimated Attendance:  |
| Estimated Gross Receipts: $ |
| Who provides security for the event?  |
| What experience do you have in producing this event?  |
| ***LIQUOR LIABILITY INFORMATION*** |
| Type of liquor served:  |
| Estimated receipts from liquor sales:       |
| Describe service policy on serving intoxicated customers:       |
| Do servers check identification for legal age? | [ ]  Yes [ ]  No |
| Is there live entertainment or a dance floor? | [ ]  Yes [ ]  No |
| **If yes**, please explain:       |
| Has the applicant’s liquor license ever been revoked?  | [ ]  Yes [ ]  No |
| **If yes**, please provide details:       |
| Is liquor provided or dispensed by an outside vendor or third party?  **If yes**, what is the vendor or third party’s liability limit?        **If yes**, is the applicant required to be named as an additional insured?  |  [ ]  Yes [ ]  No |
|  |
|  [ ]  Yes [ ]  No |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

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