

# Event Coverage Application

Send completed application to: [EventCoverage@wister.insure](mailto:EventCoverage@wister.insure)

## 1. Your Information

(This would be the "Host" of the Event, the person(s) who signed the contract with the Event Center)

Name \_\_\_\_\_

Mailing Address (street, city, state, zip) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## 2. Event Center Information

Name of Event Center \_\_\_\_\_

Premises Address (street, city, state, zip) \_\_\_\_\_

Email (to send proof of insurance coverage) \_\_\_\_\_

3. Type of Event (from list below) \_\_\_\_\_

- |                                      |  |                                 |
|--------------------------------------|--|---------------------------------|
| • Anniversary Party                  | • Corporate Dinner                       | • Picnic                        |
| • Award Ceremony / Presentation      | • Debutante Balls                        | • Quinceañera                   |
| • Baby Reveal                        | • Dinner                                 | • Reception                     |
| • Baby Shower                        | • Fraternal Organization, Meeting/Dinner | • Rehearsal Dinner              |
| • Banquet                            | • Gala                                   | • Retirement Party              |
| • Baptism                            | • Garden Party                           | • Reunion                       |
| • Bar/Bat Mitzvah                    | • Graduation Party                       | • Seminar                       |
| • Birthday Party                     | • Holiday Party                          | • Tea Party                     |
| • Bridal Shower                      | • Ladies Club                            | • Team Building                 |
| • Brunch                             | • Luncheon                               | • Wedding Ceremonies/Receptions |
| • Civic Organization, Meeting/Dinner | • Office Party                           | • Workshop                      |

4. Month, Day, Year, and Time the Event Starts \_\_\_\_\_

5. Month, Day, Year, and Time the Event Ends \_\_\_\_\_

Example: If a weekend Wedding Celebration with Friday Rehearsal Dinner, Saturday Wedding/Reception, and Sunday Brunch, the "Start Date" would be Friday's date and the "End Date" would be Sunday's date.

6. Total Number of Guests \_\_\_\_\_

NOTE: If Event is more than one day, please provide a breakdown of guests per day:

7. Would you like to include an additional "Host" on the policy?  No  Yes If "Yes",

First and Last Name \_\_\_\_\_

Note: Only one additional Host permissible on the policy. If married couple, both names can be included and considered as one Host: i.e., parents of bride, parents of groom, wedding couple, etc.

8. Will alcohol be present at the Event?  No  Yes If "Yes", please indicate one of the following:

a)  Venue or Caterer will be supplying and serving the alcohol.

**NOTE: LIQUOR LIABILITY COVEAGE WILL BE INCLUDED**

b)  The Host will be supplying the alcohol. The Venue/Caterer is supplying the servers OR the Host is supplying the servers and the servers have formal alcohol awareness training.

Does the Host have a liquor license permit in their name?  No  Yes

**NOTE: NO BYO PERMITTED AND NO PERSON UNDER 21 WILL BE SERVED.**

**NOTE: LIQUOR LIABILITY COVEAGE WILL BE INCLUDED**

c)  The Host is supplying the alcohol and the servers; the servers have NO formal alcohol awareness training.

**NOTE: NO LIQUOR LIABILITY COVEAGE FOR THIS SCENARIO**

(Training can be done on-line: <https://www.gettips.com>; once trained, Liquor Liability coverage will be provided upon notification and approval by the Insurance Carrier.)

d)  Event is BYO

**NOTE: NO LIQUOR LIABILITY COVEAGE FOR THIS SCENARIO**

e)  The Host is supplying the alcohol, the Event attendees will serve themselves.

**NOTE: NO LIQUOR LIABILITY COVEAGE FOR THIS SCENARIO**

9. Do you have a Rain Date?  No  Yes If "Yes", please indicate the following:

Rain Date, Start Date \_\_\_\_\_

Rain Date, End Date \_\_\_\_\_

10. Do all of the activities for this Event take place at the same location?  No  Yes

If "No", please describe and provide name and street address for additional location(s) \_\_\_\_\_

11. Payment Information Premium: \$176.00.

Card Type \_\_\_\_\_ Card Number \_\_\_\_\_  
only Visa, MasterCard or Discover

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Email Address for Receipt \_\_\_\_\_

Check here if billing address is the same as the Host mailing address as listed above; if not,

Billing Address \_\_\_\_\_

12. Signature

Print Name

Signature

Date