

SPECIAL EVENT SUPPLEMENT
FOUNDERS INSURANCE CO.

A. Applicant Information

1. Applicant Name _____
DBA: _____
2. Mailing Address _____
3. Official Name of Event _____
4. Event Location Address _____
5. Is This the First Time Event is Being Held? **YES** ____ **NO** ____
If No, How Many Years? _____
6. Limits Desired (If event coverage is being added to/with an annual policy, the limits must match the annual policy limits)
7. Additional Insured(s)? **YES** ____ **NO** ____
(An additional \$100 premium will be added per additional insured)
8. Terrorism Coverage **YES** ____ **NO** ____
(An additional \$50 premium will be added for terrorism coverage)

B. Operations

1. Description of Event(s): _____

2. Dates: From _____ To: _____
3. Hours: From _____ To: _____
4. Number of People Expected to Attend _____
5. Event Entertainment _____

6. Estimated Receipts:
Food _____
Liquor, Beer, Wine _____
7. Is All Liquor Controlled? **YES** ____ **NO** ____

C. Claims History

8. Have There Been Any Losses in the Past 5 Years? **YES** ____ **NO** ____
If Yes, Explain: _____

Agent Signature _____ **Date** _____

Insured Signature _____ **Date** _____