|  |  |  |  |
| --- | --- | --- | --- |
| ***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| Has the applicant’s liquor license ever been revoked?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:**

BYRON RICHE PHONE: (800) 407-2027

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