

# West Bend Special Events Questionnaire for Quick Quote



Please contact me with more information about West Bend's Special Events program!

Applicant's name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Limit of liability required:  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000  other \_\_\_\_\_

Event description:

Daily attendance \_\_\_\_\_

Number of days of the event \_\_\_\_\_ (This number should not include set-up and take-down.)

Number of additional insureds \_\_\_\_\_

Will you serve alcohol?  yes  no

If yes, who is providing the liquor liability coverage? \_\_\_\_\_

Business name \_\_\_\_\_

Contact name \_\_\_\_\_

Contact email \_\_\_\_\_ OR Contact phone number \_\_\_\_\_

**SUBMIT for QUOTE**

