Event Coverage Application

Send completed application to: 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 **Robert Grove Real Estate & Valuation Services, DBA Irongate Garden Inn, Robert or Krista Grove**

Premises Address (street, city, state, zip) **4673 Nord Highway, Chico CA 95973**

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Email (to send proof of insurance coverage) **krista@irongategardeninn.com**

3. Type of Event (from list below) **Wedding rehearsal, ceremony, reception & clean-up (Friday-Sunday)**

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

4. Month, Day, Year, and Time the Event Starts Friday's date

5. Month, Day, Year, and Time the Event Ends Sunday's date

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_____ Total guests includes family, bridal party & helpers. Please breakdown the total by day below.

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

Friday Saturday Sunday

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: $175.00.**

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