



P.O. Box 1180, Santa Rosa, CA 95402  
**Toll Free 1-888-693-7892 Fax 1-866-577-7595**

**WEDDING/WEDDING RECEPTION SELF-RATING APPLICATION**

Producer \_\_\_\_\_ Producer Code \_\_\_\_\_  
 Producer Phone \_\_\_\_\_ Producer Fax \_\_\_\_\_

*\*PLEASE NOTE: Your agency must be appointed to work with NWC Insurance Services and licensed to write business in the state in which the event is taking place.*

Insured Name \_\_\_\_\_

Address \_\_\_\_\_  
 Street Address (or PO Box) City State Zip

Phone Number \_\_\_\_\_ Insured's Social Security Number \_\_\_\_\_

Please carefully read questions 1 through 8 and respond by checking the appropriate YES or NO box. **If any question 1 through 8 is answered YES or is not answered, this application should NOT be submitted.**  
 If YES on # 1 or 2 - Please contact Jerilynn the underwriter at 1-888-693-7892 ext 2636 for further directions.  
 If YES on #3 - 8 - This event is not eligible for coverage.

- 1) Does the event take place on or after 10/1/10? YES \_\_\_ NO \_\_\_
- 2) Does the event have more than 500 in attendance? YES \_\_\_ NO \_\_\_
- 3) Does the event last beyond 2:00 am? YES \_\_\_ NO \_\_\_
- 4) Does the event take place at a private residence? YES \_\_\_ NO \_\_\_
- 5) Is alcohol being sold at the event, excluding the sale of alcohol by the event location? YES \_\_\_ NO \_\_\_
- 6) Will the alcohol be self-serve or will guests be allowed to bring alcohol to the event? YES \_\_\_ NO \_\_\_
- 7) Does the event take place on water (i.e. on a boat)? YES \_\_\_ NO \_\_\_
- 8) Does the event take place in either the state of Arizona, Wyoming, or Montana? YES \_\_\_ NO \_\_\_

**Please complete the application below. All questions must be completely answered or the binding of coverage may be delayed or not processed.**

Coverage **DATE** \_\_\_\_\_, 2009/2010 (Must be for a one day event taking place at one location)  
**TIMES** of event FROM \_\_\_\_\_ TO \_\_\_\_\_

Event is: Wedding only \_\_\_\_\_ Wedding Reception Only \_\_\_\_\_ Wedding & Reception \_\_\_\_\_

**THESE ARE THE ONLY CATERORIES AVAILABLE ON THIS APPLICATION.  
 PLEASE DO NOT WRITE IN YOUR OWN CATEGORY.**

Estimated total **ATTENDANCE** \_\_\_\_\_

Event will be held: Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_

Seating will be: Movable \_\_\_\_\_ Fixed \_\_\_\_\_

Crowd Control: Ushers # \_\_\_\_\_ Private Security # \_\_\_\_\_ Volunteers # \_\_\_\_\_ None \_\_\_\_\_

Is alcohol being served? No \_\_\_ Yes \_\_\_\_, If yes, by who? \_\_\_\_\_

Is alcohol being sold? No \_\_\_ Yes \_\_\_\_, If yes, by who? \_\_\_\_\_

Name of Event Facility: \_\_\_\_\_

Address of Event Facility: \_\_\_\_\_

Street Address

City

State

Zip

### **Additional Insured Information**

“Additional Insured” also referred to as “Certificate Holder”. This is a SPECIFIC clause issued by the venue/facility/location you are leasing. It is typically contained in your lease agreement. Usually it is the **name** and **address** of the location you are leasing, but often it can be the name/address of a management company or a municipality that operates the facility.

**Additional Insured Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*Up to two additional insureds are included in the price. For extra additional insured's, please contact our office for pricing.*

### ***Instant Quote***

**Insurer:** Great Divide Insurance Company - Admitted – Best Rating: A+IX

**Coverage:** Spectator/Attendee Liability

**Per Event Limits:** \$2,000,000 General Aggregate  
\$2,000,000 Products/Completed Operations  
\$1,000,000 Personal & Advertising Injury  
\$1,000,000 Each Occurrence  
\$250,000 Damage to premises rented to you  
EXCLUDED – No-Fault Medical Payments  
-0- Deductible

**Included:**

- \*Third Party Property Damage Coverage Included
- \*Per Event Aggregate
- \*Contractual Liability
- \*The facility named as an additional insured at no extra cost
- \*Host liquor liability provided (those not in the business of serving and selling liquor)
- \*Volunteers included as insured's
- \*Includes set-up and take-down (day before – day after)
- \*Coverage is not bound until acceptance of this event and receipt of applicable premium by staff of NWC Insurance Services

**Notable Exclusions:**

Athletic participants, no-fault medical payments, amusement devices (rides), employment related practices, professional medical, events where rap/hip hop music, or heavy metal is the featured type of Entertainment, all night events, inflatable devices (e.g. bounce house, moon walk), abuse and molestation, nuclear liability, asbestos

Wedding/Wedding Reception With <b>200 or less in attendance:</b>	Wedding/Wedding Reception With <b>201-500 in attendance:</b>
Event Premium: \$150.00	Event Premium: \$190.00
Membership Fee: \$ 75.00*	Membership Fee: \$ 75.00*
Administrative Fee: \$ 90.00	Administrative Fee: \$ 90.00
<b>TOTAL: \$315.00</b>	<b>TOTAL: \$355.00</b>

\*Coverage proposed to be afforded through the **National Event Providers Association Risk Purchasing Group**, a voluntary organization operating pursuant to the Liability Risk Retention Act of 1986

*This proposal is only a summary of the coverage being offered; not all inclusions and exclusions are listed.*

**\*\*\*PLEASE NOTE: NO CANCELLATION IF LESS THAN 30 DAYS BEFORE THE EVENT.**

**TO BIND COVERAGE -**

**Please fax the items below to 866-577-7595 no later than 48 hours prior to the event:**

- 1) A copy of this application signed and fully completed.**
- 2) Completed and signed EFT form authorized for the amount above with a copy of a voided check.**

**A certificate of insurance will be faxed to your office within one to two days of receiving your request to bind.**

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_**

**NWC Insurance Services**  
P.O. Box 1180, Santa Rosa, CA 95402  
Phone: 1-888-693-7892  
Fax: 1-866-577-7595  
CA License #0580581

*Thank you for using NWC Insurance Services*

**NorthWest Insurance Agency, Inc.  
DBA: NWC Insurance Services  
PO Box 1180  
Santa Rosa, CA 95402**

**AUTHORIZATION AGREEMENT FOR DIRECT  
PAYMENTS (ACH DEBITS)**

**Name:** \_\_\_\_\_  
**Amount Authorized:** \_\_\_\_\_

I hereby authorize NorthWest Insurance Agency, Inc., DBA: NWC Insurance Services to initiate debit entries to my checking account in the depository named below. I understand that my name must be on the account to which I am withdrawing.

**Depository Name:** \_\_\_\_\_  
**Name on Account:** \_\_\_\_\_  
**Transit/ABA #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

I certify that the above information is accurate and complete.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE ATTACH VOIDED CHECK HERE**