



Head Office:
 South Western Insurance Group Limited 1-800-668-4275
 21 four Seasons Place, Suite 105
 Toronto, Ontario M9BV 6J8 AskUs@swgins.com

Form: H0102
 Hospitality
 Catering/Off-Premises
 Events Supplement

Hospitality Catering/Off-Premises Events Supplement

1. Name of Applicant: _____
2. Type of Events expected (please describe): _____
3. Number of Events expected during policy term: _____
4. Will all events be within the insured's province? Yes No
5. Name of Next Event _____
 Dates and Times: _____
 Location: _____
 City: _____ Province: _____ Postal Code: _____
6. Description of this Event
 Please describe: _____
 Size of Dance Floor: _____
 Type of Entertainment _____
7. Is the insured the event organizer? Yes No
 Name of the event organizer: _____
 Address of the event organizer: _____
 Confirmed that they carry an equal or greater CGL limit? Yes No
8. Details of the insured's involvement:

Will the insured be serving liquor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of insured's staff serving liquor:	_____
Approximate number of patrons	_____
Will the insured have a tent/closed off area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the insured be the sole provider of liquor at this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please provide details of other parties serving liquor and confirm their liquor liability limit: _____	
Will the insured be serving food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the insured be selling closed liquor products?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please keep track of actual revenues as these will be required at renewal time.

Broker's Name: _____ DATE: _____
(please print)

Broker's Signature: _____

Named Insured: _____ DATE: _____
(please print)

Insured's Signature: _____