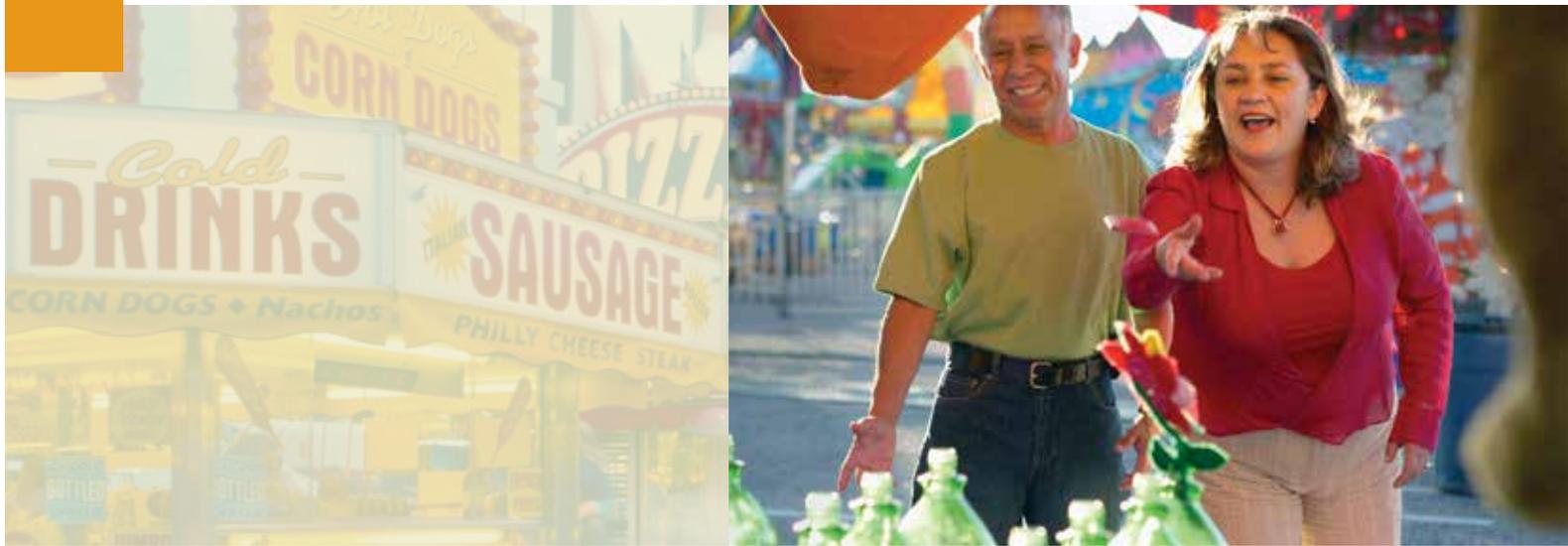


West Bend Special Events Questionnaire for Quick Quote



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

