



WILSON M. BECK
INSURANCE GROUP

Form C - REQUEST FOR CERTIFICATE

This form is to be used for requests for Certificates of Insurance

PLEASE SUBMIT REQUEST 14 DAYS PRIOR TO THE EVENT

ROTARY DISTRICT # _____

ROTARY CLUB OF _____

CONTACT NAME & MAILING ADDRESS: _____

TELEPHONE #: _____ EMAIL ADDRESS: _____

WHAT IS THE NAME OF THE EVENT? _____

DATE & TIMES OF EVENT? _____

DESCRIBE OPERATIONS: _____

DOES THE EVENT INCLUDE THE SERVING OF ALCOHOL? **IF YES, SEE PAGE 2** _____

WHERE IS THE EVENT? _____

**WHO IS THE CERTIFICATE HOLDER AND ADDITIONAL INSURED?
PROVIDE FULL LEGAL ENTITIES AND THEIR ADDRESS, INCLUDING POSTAL CODE**

This is who is requesting a certificate from your Rotary Club, not you, personally

FULL NAME: _____

FULL ADDRESS: _____

And..

FULL NAME: _____

FULL ADDRESS: _____

And..

FULL NAME: _____

FULL ADDRESS: _____

Please print this application, complete it and email it back to our office.

@rotary@wmbeck.com



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Form B—SPECIAL EVENTS QUESTIONNAIRE

LIQUOR SERVICE QUESTIONNAIRE

Is the liquor being served by staff of the venue? Yes or No? _____

ONLY COMPLETE THE QUESTIONS BELOW, IF ANY LIQUOR SERVICE IS DONE BY ROTARIANS:

Provide valid Serving It Right (or equivalent) number of Rotarian(s) serving alcohol: _____

How are the liquor sales being treated? Is it part of the sale of the ticket? _____

How are portions being controlled for this event? _____

Is there a limit on how many drinks each attendee may have at the event? _____

Is the revenue generated from liquor greater than 30% of the total revenue? _____

If the revenue is greater than 30% of the total revenue, please also complete the Special Event Application

RENTED/BORROWED EQUIPMENT & INVENTORY

Description of Rented/ Borrowed Equipment

(max value. \$1,000, up to \$10,000 – anything more than \$1,000 will have to be scheduled to your policy for an Additional Premium)

ITEM

REPLACEMENT VALUE

Where will the equipment be stored when not being used? _____

What is the maximum value of inventory (Liquor & Food supplies) that could be on site at any time? _____

Date Submitted _____ Contact Person Signature _____