



Rotary International District #5080
Special Event and or Host Liquor Liability Request Form

Member Club: _____

Contact: _____ Phone: _____ Email: _____

Event Description: _____

Full Address of Event Location: _____

Additional Insured:

Name: _____

Address: _____

Effective Date: ____ / ____ / 20 Time: ____ A.M ____ P.M.

Expiry Date: ____ / ____ / 20 Time: ____ A.M ____ P.M.

Activities Performed by Rotarians:

Persons handling or preparing Food / Alcohol must have "Food Safe / Serve It Right" license(s) per governing guidelines.

- Food & Beverages, describe
Alcohol, describe
Security, describe
Parking, describe
Other, describe
Other, describe

Activities Performed by Others:

- 1:
2:
3:
4:

If Applicable Please Describe Safety Measures i.e. Parking, Security, First Aid, Site Supervision:

Please note that this is an application only, it does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by Hub International. Quotations will be based upon the Information provide and applicant warrants the information provided

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: ____ / ____ / 20
Day Month