

# Wedding / Special Event Coverage Application

Name (Last, First): \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Named Insureds (for example – bride, groom, parents):  
\_\_\_\_\_

Requested Dates of Coverage: \_\_\_\_\_

Estimated # of attendees: \_\_\_\_\_

Name and Location of Ceremony: \_\_\_\_\_  
\_\_\_\_\_

Does vendor require to be listed as additional insured?    yes    no

Does vendor require waiver of subrogation or primary / no contributor language?    yes    no

Name and Location of Reception: \_\_\_\_\_  
\_\_\_\_\_

Does vendor require to be listed as additional insured?    yes    no

Does vendor require waiver of subrogation or primary / no contributor language?    yes    no

Do you need an inclement weather date(s), if yes, include date(s): \_\_\_\_\_

Will you need coverage for rehearsal dinner and / or post wedding events (breakfast, brunch, etc)?

No    Yes – please specify date, vendor and location: \_\_\_\_\_  
\_\_\_\_\_

Does vendor require to be listed as additional insured?    yes    no

Liability Limits (circle one): \$1MM per occurrence / \$2MM aggregate

\$1MM per occurrence / \$3MM aggregate

\$2MM per occurrence / \$4MM aggregate

Is alcohol present at the event?                      Yes                      No

If alcohol is present, who is serving (please circle one):

- 1) Venue or caterer
- 2) Event is BYOB (note: liquor liability coverage excluded)
- 3) Insured – servers have formal alcohol training
  - a. Does insured have liquor license or permit in their name?    Yes    No
- 4) Insured – servers do NOT have formal alcohol training (note: liquor liability coverage excluded)
- 5) Attendees can serve themselves (note: liquor liability coverage excluded)

Do you want coverage for hired and non-owned autos?    yes    no

Please select limit desired:    \$1,000,000    \$2,000,000

Will there be any of the following (please circle as applicable): bungee operations / equipment, dunk tanks, fire pits/bonfires, fireworks / pyrotechnics (including sparklers and sky lanterns), inflatable recreational devices (ie bouncy houses), live animals, mechanical equipment devices / rides, participatory sporting events, swimming / watersports.

Do any additional vendors require to be listed as additional insureds? If yes, please include name and vendor type (i.e. DJ, band, equipment rental, etc). \_\_\_\_\_

Will you be requesting special events cancellation coverage? If yes, please indicate level (s) you would like quoted. See attached Travelers chart. \_\_\_\_\_

Please return completed application to Colleen Pulaski at Kelly Insurance Agency Inc.

Address: 212 W. Main Street / Trappe, PA 19426

Email: [colleenp@kellyins.com](mailto:colleenp@kellyins.com)

Phone: 610-489-9442

Fax: 610-489-6287

As COVID-19 is a known infectious disease and presents circumstances that may reasonably give rise to cancellation and / or postponement of the event, I acknowledge that coverage will not be afforded in any way for such circumstances. This includes, but is not limited to:

- Illness to honorees and immediate family members
- Illness to vendors associated with the event
- Fear or risk of illness or contracting any virus or disease
- Closure of venues due to localized COVID-19 outbreaks
- Limitations on the number of people allowed to gather or other social distancing guidance
- Cancellation / Postponement of the Event due to Government shutdowns
- Loss of deposits due to transportation delays or cancellations
- Cancellations or delays of the Event due to concerns with COVID-19 outbreaks disrupting timelines
- Other impacts directly or indirectly related to COVID-19 circumstances

**By signing below, I acknowledge no coverage for COVID-19 related impacts (or diseases arising from SARS-CoV-2 or any mutation of it) will be afforded coverage under this policy.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_