

# E.R.B INSURANCE GROUP, LLC

## SPECIAL EVENT QUOTE APPLICATION

\_\_\_\_\_  
Name as it would appear on the policy (person purchasing the policy)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Number Email Address

\_\_\_\_\_  
Type of Event Name of Event Number of Attendees

Number of Days of event: \_\_\_\_\_

Is Liquor being served or BYOB: \_\_\_\_\_ Yes \_\_\_\_\_ No

Will Liquor be sold: \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, a supplement application will be sent to you)

Venue Name: \_\_\_\_\_ Address: \_\_\_\_\_

Will the venue require an additional insured certificate: Yes \_\_\_\_\_ No \_\_\_\_\_

Effective Dates of Coverage requested: \_\_\_\_\_ thru \_\_\_\_\_  
(no more than 10 days)

**THE ABOVE INFORMATION IS FOR QUOTING PURPOSES ONLY.**

I understand and agree that if this application is accepted by the Company, coverage will begin on the date of acceptance or on the date requested, whichever is later, subject to the payment of the required premium. Any person who, with intent to defraud or knowing that he/she is facilitating against an insurer, submits application or files claims containing a false or deceptive statement is guilty of insurance fraud.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed

**Complete the above. Please fill in all blanks requested to avoid delays.**

**708 ALLEN CT. CROWLEY, TEXAS 76036**

**817-205-3190 EMAIL- Martha.R.Gomez@erbinsurance.net**