

USE AGREEMENT Please fill this form out completely.

INSURANCE APPLICATION ►

Name of Company/Event _____

Contact Person _____

Address: _____

City _____ State _____ Zip Code _____

Phone Numbers: home () _____ - _____ mobile () _____ - _____

Email Address _____

Type of Event: _____

Number of Guests:

Date: _____ / _____ / _____ Time: _____ : _____ AM PM — _____ : _____ AM PM

Caterer to be used: _____

Address _____ Phone () _____ - _____

Event Planner: _____

Address _____ Phone () _____ - _____

Music Provided by: _____

Address _____ Phone () _____ - _____

Photography Provided by: _____

Address _____ Phone () _____ - _____

Other Vendor: _____

Address _____ Phone () _____ - _____

By signing this document, user agrees to comply with and be bound by the terms of this Agreement. User also, agrees that he/she has read all three pages of this document.

User Signature

Allen County Commissioners:

Date _____ / _____ / _____

SPECIAL EVENT INSURANCE APPLICATION

Applicant information:

Name of applicant: _____

Applicant is:

- Individual Partnership Corporation For Profit Non-Profit

Name of event: _____

Provide a complete description of event: _____

Set-up date and time:

Date: _____ / _____ / _____

Time: _____ : _____ AM PM — _____ : _____ AM PM

Starting date and time:

Date: _____ / _____ / _____

Time: _____ : _____ AM PM

Ending date and time:

Date: _____ / _____ / _____

Time: _____ : _____ AM PM

Expected attendance of event:

- Reception or Reception & Ceremony \$250
 Ceremony & Cocktail Reception \$200
 Ceremony..... \$100

Make check payable to: ACCPT

A FULL REFUND IS GIVEN IF CANCELLED SIX MONTHS OR MORE IN ADVANCE.

YOUR HOMEOWNERS INSURANCE MAY BE USED IN LIEU OF THIS LIABILITY POLICY.
PROOF OF LIABILITY INSURANCE IS REQUIRED WITH ACCPT AS THE CERTIFICATE HOLDER.

THE EVENT IS NOT CONFIRMED UNTIL PROOF OF INSURANCE IS RECEIVED.