

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

CATERING SUPPLEMENT

Type of Activities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Business Meetings | <input type="checkbox"/> Benefits | <input type="checkbox"/> Sports Banquets |
| <input type="checkbox"/> Funerals | <input type="checkbox"/> Wedding Reception | <input type="checkbox"/> Anniversaries |
| <input type="checkbox"/> Other Please Describe: _____ | | |

On premises operation Yes No
 Alcoholic Beverage Sales: \$ _____
 Food Sales: \$ _____

Are the amounts above included in your annual alcoholic beverage and food sales listed in the general information section or is this in addition to the amount? Included In addition

Off premises operation: Yes No
 Alcoholic Beverage Sales:\$ _____
 Food Sales:\$ _____

Are the amounts above included in your annual alcoholic beverage and food sales listed in the general information section or is this in addition to the amount? Included In addition

Who supplies bartender?
 A. On premises Insured Other Describe: _____
 B. Off premises Insured Other Describe: _____

Who supplies alcoholic beverages?
 A. On premises Insured Other Describe: _____
 B. Off premises Insured Other Describe: _____

At the time of signing this application, are you or any office, director, partner or any individual who is directly responsible for management of your establishment aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? Yes No
 If yes, give details: _____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and that any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed