



Winery Event Supplement

P.O. Box 2009 • Glen Allen, VA 23058-2009
Phone: (800) 262-7535 • Fax: (804) 527-7784
Email applications to: agapplications@markelcorp.com

Please complete this supplement and return it to Markel with a completed Winery application. Complete a separate application for each event and/or location.

Date of Application: _____

Name of Applicant: _____

For **each** special event, complete the following:

1. Type of event: Concert Art Show Dinner Wedding Reception Festival
 Conference Facility Rental Private Party Agritainment Other: _____

2. a. Location: _____ Dates: _____
 b. Maximum number of guests: _____ Average number of guests: _____

3. a. Functions are held in: Tasting room Wine cave Outside Dining room Other: _____
 b. Does the function room meet the occupancy requirements for the event? Yes No

4. Number of your staff present at the event: _____ Number of volunteers: _____

5. a. Is security provided at the event? Yes No
 b. Describe security: _____
 c. Are they armed? Yes No
 d. If an outside entity provides security, do you obtain a certificate of insurance from them which includes naming you as an additional insured on their insurance? Yes No

6. a. Is alcohol being provided and/or served? Yes No
 b. Is a charge being made? Yes No
 c. Are you furnishing the alcohol? Yes No
 d. Are guests allowed to bring their own alcohol? Yes No
 e. Are servers trained in some type of alcohol beverage intervention program such as TIPS? Yes No

7. Event receipts: \$_____ Liquor receipts: \$_____

8. Will you be using bleachers? Yes No If Yes, are they portable? Yes No

9. Will you have any amusement rides or devices? Yes No
 Describe all rides and devices: _____

10. a. Are certificates of insurance obtained from all vendors? Yes No
 b. Do they name you as an additional insured? Yes No

11. List any additional insureds needed for this event (if you need additional space, attach on a separate sheet).

| | |
|-----------------------------|-----------------------------|
| Name: | Name: |
| Address: | Address: |
| City/State/Zip Code: | City/State/Zip Code: |
| Relationship to this event: | Relationship to this event: |

Applicant Signature

Date