

# LAURENCE COLE INSURANCE AGENCY

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## SPECIAL EVENT GENERAL LIABILITY INSURANCE APPLICATION

NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

### COVERAGE LIMITS REQUESTED:

- A) \$2,000,000/\$1,000,000
- B) Above \$2,000,000/\$1,000,000 – **Fax the application back for a quote!**
- C)

ESTIMATED ATTENDANCE OF EVENT: \_\_\_\_\_

ATTACH A LIST ANY ADDITIONAL INSURED, WITH ADDRESS.

DATE PREMIUM WAS SENT & HOW? (1-1-01/ FED EX) \_\_\_\_\_

VISA – MASTERCARD: (CIRCLE ONE) EXPIRATION DATE: \_\_\_\_\_

CARD #: \_\_\_\_\_ VCODE#: \_\_\_\_\_

ADDRESS ON CREDIT CARD ACCT.: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_