



# Questions for Permanent Beer Garden Endorsement

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates the Beer Garden will be in use: \_\_\_\_\_

Number of people the area can seat: \_\_\_\_\_

Is the area enclosed?  Yes  No

Is there an outside entrance to the area or will they have to enter through the bar?

Is there a bar in the Beer Garden?  Yes  No

Is any food served in the Beer Garden?  Yes  No

Are there going to be any special events or activities held in the Beer Garden?

**Sketch of Area is required!**