



Wedding Insurance Application

Bride's Name _____ Groom's Name _____

Email: _____ Email: _____

CEREMONY VENUE INFORMATION

Location Type (church, hotel, restaurant, etc.): _____

Name of Venue: _____

Address (City/State/Zip Code): _____

Please circle: Indoor / Outdoor / Both

Approximate Number of Guests at Ceremony: _____

RECEPTION VENUE INFORMATION Check box if Reception Information is same as Ceremony

Location Type (church, hotel, restaurant, etc.): _____

Name of Venue: _____

Address (City/State/Zip Code): _____

Please circle: Indoor / Outdoor / Both

Approximate Number of Guests at Ceremony: _____

Would you like this venue to be listed as an additional insured? Yes No

Are you using a wedding planner / coordinator? Yes No

If yes, Name: _____ Business Name: _____

Address (City/State/Zip Code): _____

Phone: _____ Email: _____

POLICYHOLDER INFORMATION (person buying the policy)

Name: _____ Relationship to the wedding couple: _____

Address (City/State/Zip Code): _____

Phone: _____ Fax: _____ Email: _____

Wedding Date: _____





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CREDIT CARD & BILLING INFORMATION

Name on Card: _____
First Name Last Name

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Type of Card: *Please circle* Amex MasterCard Visa Discover

Credit Card Number: _____

Expiration Month / Year: _____

Card Security Code: _____

This is the 3-digit number on the back of your credit or debit card. For American Express cards, use the 4-digit number on the front of the card.

Before completing your purchase, please verify the Purchaser's Name and Address is displayed exactly as it is shown on the credit card billing statement.

