



EMERALD MOUND GRANGE #1813

Hwy 50 & Emerald Mound Grange Rd.

Lebanon IL 62254

(618) 541-0490

Hall Rental Agreement

Name _____ Date of Event _____

Address _____ Type of Event _____

_____ Contact Phone _____

Rental Fee: Main Floor _____(\$100) Lower Floor _____(\$100) Both _____(\$175)

Kitchen Use _____(\$75) Total: _____

Security Deposit: \$300.00

NOTICE: Rental Fee and Security Deposit must be paid with signed contract. The building will be inspected after your event, and the security deposit returned upon satisfaction of the Grange inspector.

Alcohol Policy: No hard liquor will be consumed in the Grange Hall or on its property. Beer, wine or champagne are allowed, but only with your purchase of a one-time special event liquor liability policy. Please turn in the attached application to Wilkin Insurance on St. Louis Street in Lebanon. Their phone number is (618) 537-4474. Once we have confirmation that you have purchased the policy, you may rent the hall for your event.

1. You and your guests are responsible for removing all personal belongings when your event is concluded. Emerald Mound Grange is not responsible for personal items left behind.

2. You may arrange to use the hall for a period of up to 4 hours the day prior to your event for hall setup (if the hall is available).

3. Any event held in the upper level should not scratch or mar the wood flooring. No stick pins, staples, tape, nails or any other disfiguring attachments may be used on the walls or floor. No security deposit will be returned if damage occurs.

I have read and agreed to the terms as stated above.

Signature _____

Date _____

Contract for Emerald Mound Grange Rental: Marc Henrichs (618) 541-0490

email: mhenrichs@msn.com



Producer Name _____
 Email _____
 Phone _____
 Address _____
 City _____

SPECIAL EVENT LIQUOR LIABILITY APPLICATION

Named Insured/Licensee _____
 Mailing Address _____ City _____
 County _____ State _____ Zip _____
 Legal Entity Individual Partnership Joint Venture Limited Liability Company Organization/Corporation
 Building Owner _____
 Mailing Address _____ City _____
 County _____ State _____ Zip _____
 Location Address _____ City _____
 County _____ State _____ Zip _____

1. Number of days: _____ Effective date: _____ Expiration date: _____
2. Limits:

<input type="checkbox"/> \$150,000 Each Common Cause; \$300,000 Aggregate	<input type="checkbox"/> \$500,000 Each Common Cause; \$1,000,000 Aggregate
<input type="checkbox"/> \$300,000 Each Common Cause; \$600,000 Aggregate	<input type="checkbox"/> \$1,000,000 Each Common Cause; \$1,000,000 Aggregate
3. Special event Host
4. Number of people attending: _____ Approximate number of people who will consume alcohol: _____ Estimated Sales: _____
5. Inside City Limits OR Outside City Limits
6. Distance to nearest IL State line? _____ Miles
7. Is the Applicant obtaining a Temporary Liquor License for this event? Yes No
8. Description of the event: _____
9. Who will serve the alcohol? _____
10. How will the alcohol consumption be monitored? _____
11. Has SIS written this event before? Yes No
12. Entertainment: (Check if applicable)

<input type="checkbox"/> DJ/live bands Number of time per week _____	<input type="checkbox"/> Pool tables # _____
<input type="checkbox"/> Dance floor	<input type="checkbox"/> Exotic, topless, nude or similar type of dancing
<input type="checkbox"/> Other patron participation events? Explain _____	
13. Will there be security or crowd control personnel (Bouncer)? Yes No
 Will they be armed? Yes No

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.

Signature of Applicant _____ Date _____ Signature of Agent _____



WILKEN INSURANCE AGENCY, INC.

Dear Lori –

Here are some general rates for a Special Events Liquor Liability policy for something like a wedding reception or party. Hope that helps you out. If you have any questions, please let me know.

Thanks!
Tami Wilken

Liability Limits: \$500,000 per occurrence/\$1,000,000 aggregate limit

- *Under 70 people - \$165
- *80 people - \$165
- *90 people - \$184
- *100 people - \$204

***For every extra attendee, the premium increases by \$2

***\$165 would be a minimum premium

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Lebanon, IL 62254
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Fax: 618/537-4199
wilken107@sbcglobal.net
