



I N S U R A N C E Special Events Liability Insurance Application

Club Name:	
Club Address:	
Club Contact Name:	
Telephone Number:	
Email Address:	

Describe Event: _____

Location Address of Event: _____

Date(s) of Event: _____

Please provide the following information about the daily activities and estimated attendance:

	Main Activity	Estimated Attendance	Other Activities	Total Attendance
Day 1				
Day 2				
Day 3				

Full Name of Additional Insured: _____

Address of Additional Insured: _____

Are you serving or providing alcoholic drinks at any time?

Name & Address of Liquor Permit Holder: _____

Previous experience producing this type of event: _____

Describe safety measures and risk management plans in force, i/e/ parking, traffic, security, supervision, first aid, emergency evacuation procedures, etc:

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on the issuance of a policy or written binder specifically authorized by the Company or Agency. Quotations will be based upon the information provided and the applicant warrants that this information is true.

Authorized Signature: _____

Please Print Name: _____

Position or Title: _____

Date: _____