

GENERAL INFORMATION

Today's Date: _____

Named Insured: _____

Event Date: _____

Event Name: _____

EVENT INFORMATION

Name of Event Producer: _____

Type of Event/Product(s) Provided: _____

Will there be any athletic activities, events, or competitions, or any recreational physical activities or contests between individual or as a group? Yes No

If Yes, please explain: _____

Event Dates: _____

Est. Attendance: _____

Liquor Liability Required? Yes No

*If Yes, must call for acceptability and/or premium

\$ _____
TOTAL PREMIUM

Refer to User Rates & Eligibility Schedule for Premium information