

Gagliardi

INSURANCE SERVICES

Your Sports and Entertainment Specialists

284 Digital Drive • Morgan Hill, CA 95037 • Ph. (408) 414-8100 • Fax (408) 414-8199

SPECIAL EVENT LIABILITY INSURANCE APPLICATION

Official Name of Organization: _____

Type of Organization: _____

Contact Person: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____

Website: _____ **Email:** _____

Event/Venue Information

Venue Name: _____

Venue Address: Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Event: _____

Description of Event: _____

Limits of Liability Coverage Desired: _____ **Additional Limits if Desired:** _____

Date of Event: _____ **Estimated Attendance:** _____

Event Budget Estimate: _____ **Additional Coverage Required:** _____

Is the event held Indoors or Outdoors: _____

Will there be any Celebrities at this event? _____ **If so Who?** _____

Additional Insured's and Their Interests: _____

Additional Vendor Coverage: (If Applicable)

of Exhibitors: _____ # of Concessionaires: (non-food sales) _____

of Attractions: _____ # of Concessionaires: (food sales) _____

Optional Medical Coverage's: (If Desired)

Spectators Medical: _____ Number of Spectators: (If Applicable) _____

Participants Medical: _____ Number of Participants: (If Applicable) _____

Insurance Information:

Prior Insurance & Claim Information:

<u>Year</u>	<u>Company</u>	<u>Type of Claim</u>	<u>Claim Amount</u>

Please Complete if Applicable:

Type of Sport: _____ Number of Teams: _____ Number of Participants: _____

Effective Date: _____ Type of Coverage: _____

PLEASE PROVIDE A COPY OF ALL RULEBOOKS AND ASSOCIATION MANUALS

Title: _____

Signature: _____

Date: _____

Print Name