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a division of JD Fulwiler & Co. Insurance
5727 SW Macadam Avenue Portland, OR 97239
877.305.5040 | www.eventinsurancenow.com

**Short Event Application**

**Applicant Information**
Name of Applicant:

Applicant Street Address:

City, State, Zip:      ,      ,
Phone Number:       Email Address:

Date of Event:       Time(s):

Name of Event:       Location of Event:

Name of Facility:

Street Address of Facility:

City, State, Zip:      ,      ,

Description of Event:

Is the event located indoors or outdoors? [ ] Indoors [ ] Outdoors

If outdoors, is the area fenced or enclosed? [ ] Yes [ ] No

What is the estimated attendance per day?

What is the price of admission?

**Additional Insured Information (usually the facility hosting the event)**

Name:

Street Address:

City, State, Zip:      ,      ,

Relationship:

Will you require more than one Additional Insured? [ ] Yes [ ] No

If yes, please list name, full street address, and relationship:

**Event Information**

If the event is Outdoors, does the event end ninety minutes prior to sundown? [ ] Yes [ ] No

If no, is there permanent lighting over all spectator areas and parking lots? [ ] Yes [ ] No

Who is providing the food and/or drink?

If other than the applicant, is a certificate of insurance provided? [ ] Yes [ ] No

If other than the applicant, is the applicant named as an additional insured? [ ] Yes [ ] No

Is liquor being served (given away) at this event, not SOLD in anyway? [ ] Yes [ ] No

Is liquor to be sold at this event? [ ] Yes [ ] No

If yes, does the entity selling the alcohol have a state issued permit/license? [ ] Yes [ ] No

If yes, is there a liquor liability policy in-force? [ ] Yes [ ] No

If yes, is the applicant named as an additional insured? [ ] Yes [ ] No

Is the applicant providing any overnight accommodation such as camping? [ ] Yes [ ] No

If yes, please describe:

Who is responsible for providing security?

Has the event ever been held in the past by the applicant? [ ] Yes [ ] No

If yes, for how many years?

If yes, please describe any losses or claims in the last three years:

Has your prior insurance ever been cancelled? [ ] Yes [ ] No

Has your prior insurance ever refused to renew? [ ] Yes [ ] No

**Standard Limits of Liability**

$3,000,000 General Aggregate

$1,000,000 Products Aggregate

$1,000,000 Each Occurrence

$1,000,000 Personal/Adv Injury

$100,000 Fire Damage

$ usually excluded Medical Payments

If higher limits of liability or additional coverages are required, please indicate:

**Applicant Signature:**

**Printed Applicant Name:** **Date:**

**Broker Information *(if applicable)***

Agency Name:

Representative:
Email:

Phone Number:

**PLEASE FAX OR EMAIL THE COMPLETED FORM WITH A COPY OF YOUR POLICY TO:**

**email: events@eventinsurancenow.com | fax: 503.977.5848**