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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**