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

**Application for Camps, Overnight Events, and Sporting Events**

**Liability Coverage to Include Participant Third Party Liability Claims**

**Applicant Information**   
Contact Name:

Contact is: Owner Promoter Other:

Phone Number:       Email Address:        
Insured Entity Name:

Contact is: Owner Promoter Other:

Street Address:

City, State, Zip:      ,      ,

Name of Event:

Facility Name:

Street Address:

City, State, Zip:      ,      ,

Description of Event:

Desired Effective Date:

Desired Expiration Date:

Event is:  Day Only  Overnight

Number of staff/volunteers per day:

Number of participants per day:

*Participant Breakdown*

Number of Females Age 12 and under:      Number of Females Age 13-15:

Number of Females Age 16-18:       Number of Adult Females:

Number of Males Age 12 and under:      Number of Males Age 13-15:

Number of Males Age 16-18:       Number of Adult Males:

Does your organization currently utilize a waiver of liability form? Yes No

**Accident medical coverage is required in order to place participant liability coverage. Accident coverage will have a deductible and will be noted on your quote.**

Do you want to include pricing for: Participants Only  Participants and Staff

Number of qualified medical personnel in attendance:

Number of EMT’s in attendance:

Will your organization be serving or selling alcohol? Yes No

If yes, please describe:

If sold, does the selling entity have a state issued license or permit to sell? Yes No

Has this event been held in the past by this applicant? Yes No

If yes, were there any losses or claims? Yes No

If yes, please describe:

If yes, was there a previous insurance carrier? Yes No If so, who?

**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:

**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**