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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**