



SPECIAL EVENT LIABILITY APPLICATION

Send Completed Application to Cheryl Stroh
Sprague Israel Giles, Inc. 1501 4th Ave #2000 Seattle WA 98101
Fax: 206-682-4993 Email: cstroh@siginsures.com

Applicant Name: Phone:

Address: Street City State Zip

EVENT INFORMATION Name of Event

Location of Event

Address of Event

Complete Description of Event (Attach brochures, flyers, etc.):

Term of Event From: To:

Start & Ending Time:

Requested Liability Coverage Limit \$

Other Coverages Requested

Estimated Attendance per Day Total Attendance Expected, All Days

No. Of Participants (If Applicable) Expected Gross Receipts \$

Describe Seating Arrangements (Type, Capacity, Etc.)

Describe All Set-Up Exposures (Electrical, Special Effects, Etc.)

Describe Security Arrangements

Describe Any Food or Beverage Sold or Served By Applicant

NOTE: If liquor is being SOLD a separate application is also required.

Name All Additional Insureds/Certificate Holders, Including Relationship

Has This Event Been Held In The Past? Yes / No If Yes, have there been any insurance claims? Yes / No

Describe all Insurance Claims

Applicant Signature Date: