

SPECIAL EVENTS PROGRAM APPLICATION

FILL OUT APPLICATION COMPLETELY AND FAX TO:
NWC INSURANCE SERVICES AT (866) 577-7595

Producer _____ Producer Code ____ _
Producer Phone _____ Producer Fax _____

Insured _____ Coverage dates req'd _____
Mailing Address: _____ Time of event FROM _____ TO _____
City, State, Zip: _____ Estimated attendance per day _____
Phone: _____ Estimated total attendance _____
Social Security Number: _____

Location of Event _____ Event will be held: ___ indoors
(Include name _____ ___ outdoors
of Facility) _____ Average age of attendees? _____

Detailed Description of Event _____

Crowd Control: ___ Ushers ___ Private Security ___ Off-Duty Police Other _____
Will the above be armed? ___ No ___ Yes

Does the event involve any hazards? ___ No ___ Yes (please attach a
(ex: fireworks, amusement rides/devices, food sales) description)

Will bleachers, platforms or stages be used? ___ No ___ Yes ___ Permanent ___ Portable
Is there an admission charge? ___ No ___ Yes, If yes, how much? \$_____

Is alcohol being served? ___ No ___ Yes, If yes, by who? _____
Is alcohol being sold? ___ No ___ Yes, If yes, by who? _____

Has this event been held before? ___ No ___ Yes, If yes please answer the questions below:
Was the event insured before? ___ No ___ Yes, by who? _____
Were there any losses or claims? ___ No ___ Yes (please explain)

Additional Insured Information: _____

*** PLEASE SUBMIT A COPY OF THE FLYER, INVITATION, OR WEBSITE ADDRESS
USED TO PROMOTE THE EVENT IF APPLICABLE

Signature of Applicant _____ Date _____

NWC INSURANCE SERVICES
P.O. Box 1180, Santa Rosa, CA 95402 Phone: 1-888-693-7892