



SPECIAL EVENT ENDORSEMENT REQUEST

Member Insured Name: _____

Is named insured hosting the event? Yes No

Name of Event: _____

Type of Event: _____

Date of Event: _____ **Expected # of Attendees:** _____

Location of Event/Address: _____

Activities Involved: _____

Will there be a bounce house, trampoline, or rebounding equipment at event?

Yes No **If yes, what type?** _____

Anticipated Revenue: _____

Serving? (Check all that apply.) Food Beverages Alcohol

Additional Insured: _____

Other Information: _____

Producer Name: _____ **Date:** _____