



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: _____

Certain activities are not endorsed by the insurance company, including: Bounce House/Trampoline/Rebounding, Mountain Bike Races, Fireworks. If one of these activities is part of your event, please notify us.

What steps are you taking to reduce risk? _____

Will there be a first responder entity on site? If so, please identify organization: _____

Anticipated Revenue: _____

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

Who is serving? Insured provider or Friends? _____

Additional Insured: _____

Other Information: _____

Producer Name: _____

Date: _____