

# Short-Term Event Insurance Application Form

Applicant Name

Organization Name

Email Address

Phone Number

Event Name

Event Type

Event Location

Event Address

Event Start Date

Event End Date

Estimated Number of Attendees

Brief Description of Event

Type(s) of Coverage Requested

☐

General Liability

☐

Property Damage

☐

Liquor Liability

☐

Other

If Other, please specify

Additional Information or Special Requirements