



— MDP PROGRAMS —

Special Event Application

General Information					
First Named Insured					
Mailing Address		City		State	Zip
Contact Person		Phone:		Fax:	
Web Address		Contact's E-Mail Address:			
Effective Date		Federal Tax I.D. #		Years in Business:	
Description of Operations:					

Event Dates			
Name/Address of Venue			
Estimated Daily Attendees			
Estimated Total Attendees			
Is there a written security procedure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Will Alcohol be served?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	By whom:

Contacts for Questions/Completed Applications:

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