



## 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:**

Meghan Shriver  
 410-547-3183  
[info@artsinsuranceprogram.com](mailto:info@artsinsuranceprogram.com)