



# Application for Special Events

**This is a supplemental questionnaire to the General Liability application.**

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND/OR YOUR ATTORNEY.

## General Information

First Named Insured:			
Mailing Address:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Contact Person:			
Web Address:			
Email Address:			
Phone:		Fax:	
Years in Business:			
Effective Date:		Federal Tax ID:	
Description of Operations:			

## Event Information

Event Dates:	
Name/Address of Venue:	
Estimated Daily Attendees:	
Estimated Total Attendees:	
Is there a written security procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	
Will Alcohol be served?	<input type="checkbox"/> YES <input type="checkbox"/> NO
By whom:	

Contact for questions/completed applications:
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