



General Liability Application Volunteer Accident

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:			
Estimated # of Volunteers Annually:			
Description of Volunteer Duties:			

<p>Contact for questions/completed applications:</p> <p>Meghan Coleman 410-547-3183 info@artsinsuranceprogram.com</p>
