

Company Name

Special Event Insurance Quote Request Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

General Information

*Business Name:

*Contact Name:

Position:

*Address:

*City:

*State:

*Zip Code:

*Business Phone:

*Fax:

Ex. 920-111-2222

Business Status:

Other:

Best Time to Call:

Business Tax ID Number:

*Contact E-Mail Address:

*Confirm E-Mail Address:

*Location Address:

(type "same" if same as above)

City:

State:

Zip Code:

Event Date / Location(s)

Date(s) of Your Event:

Event Location/Address:

City:

State:

Zip Code:

Will there be other locations?:

If "Yes," list them in the Additional Comments section below

Event Information

How many people will attend the event?:

Will admission be charged?:

If "Yes," how much per person?: \$

Will there be charges other than admission (*i.e. food, drink, merchandise, etc.*)?:

Estimated total gross income from all event-related charges: \$

Will alcohol be served?:

Alcohol to be Served By (*check all that apply*):

Your Employees

Volunteers

Please describe any entertainment, special exhibitions, organized sporting events, or competition that will take place at the event:

Will transportation and/or lodging be provided?:

Are you required to name additional insureds on this insurance?:

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above, please enter it here:

***Acknowledgement and Consent**

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes** **No**

***Enter Your Initials Here:**

***Today's Date:**

EX: 01/12/2007

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