

2007 Special Event Insurance Application For Tenant/Users and Instructor Events of WCIA Member Facilities

Facility Name: _____

Facility or City Contact Person: _____ Phone: _____

Event Sponsor: _____

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Date(s) of Event: _____ Hours: _____

Set up and Take Down days: _____

Check Estimated Number of Spectators/Participants for **ALL DAYS** of Event:

1-100 101-500 501-1500 1501-3000 3001-5000

Description of Event: _____

Will Alcoholic Beverages be Served? No Yes If "Yes", add \$60.00 for liquor liability premium, **Class I only**. Class II and Class III require prior approval, quote chg. If liquor service goes beyond midnight to 2 a.m, add 15%. If beyond 2 a.m, add another day.

Is Athletic Participant Coverage Required? _____

(If yes, signed waivers must be included with this application)

Check Hazard Schedule Class: Class I Class II Class III

(See Hazard Schedule for Classifications)

Check here if additional insureds need to be named: Name & Address: _____

Use back of this sheet or another separate sheet if you need more room.

I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct, and further certify that I have read all of the questions and answers of this application. I understand this application is a requirement for coverage, and any falsification or misrepresentation will void all insurance coverage.

Signature of Applicant

Date

NOTE: Insurance costs are estimates only, subject to change by insurance underwriters. Check and completed application must be received by WCIA at least two (2) weeks prior to the event. If less than two weeks remain, applications must be accompanied by a cashiers check or money order payable to Washington Cities Insurance Authority (WCIA). Mail to: **WCIA, PO Box 88030, Tukwila, WA 98138**. Call (206) 575-6046 with any questions.