

**SPECIAL EVENT LIABILITY INSURANCE APPLICATION**

Site/Department: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name of Organization, Event Sponsor or Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Group/Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Purpose of Event: \_\_\_\_\_

Please check:  Dunk tank  Vendors  Graduation  Athletic Event  
 Food/Concession  Animals  Parking lot overflow  Other \_\_\_\_\_

**Special Condition:**  Bounce House or other inflatables – Vendor must show proof of Insurance and name site as additional insured. If approved by SIA, SIA will provide excess coverage.

Facility to be used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact Person: \_\_\_\_\_