CAL POLY
Strategic Business Services
ADMINISTRATION & FINANCE

SPECIAL EVENT INSURANCE APPLICATION

Please fill in the information below. For questions, please call 756-5455.
Email completed form to Risk Management: riskmanagement@calpoly.edu.

CONTACT INFORMATION

Department Sponsor:

Contact: _____

Phone Number: _____   Alternate Phone Number: _____

Email Address: _____

EVENT INFORMATION

Name/Type of Event:

Description of Event:

Date(s) of Event: _____   Hour(s): _____

Location(s):

Attendance (per day): _____   Age of Attendees: _____

Participants (per day): _____   Age of Participants: _____

Waivers Signed?   Yes ☐   No ☐

Are Fireworks Included?   Yes ☐   No ☐   Carnival Rides?   Yes ☐   No ☐

Is the vendor providing their own insurance?   Yes ☐   No ☐

Bands?   Yes ☐   No ☐   How Many? _____

Names*: _____

* if more than one please attach a separate page

Type of Music: _____

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ADDITIONAL INFORMATION

Additional Insureds:

Joint Sponsor(s): _____

Number of Exhibitors Requiring Coverage (No Sales): _____

Number of Concessionaires Requiring Coverage (Non-Food Sales): _____

Number of Concessionaires Requiring Coverage (Food Sales): _____

(Please provide separate list of concessionaires and exhibitors to be covered.)

Liquor Liability Needed?   Yes ☐   No ☐

Are the securities in place to avoid overindulge and underage drinking?   Yes ☐   No ☐

Are identifications checked and wristbands issued?   Yes ☐   No ☐

Is liquor confined to a set area?   Yes ☐   No ☐

CHARTFIELD TO BE CHARGED FOR INSURANCE PURPOSES

Fund: _____

Account: 660914

Department ID: _____

Program: _____

Project: _____

Class: _____

This must be completed before Insurance will be bound.