

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:				
		A 1ta	rnate 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? Is the vendor providing	Yes	No	Carnival Rides? Yes No No	
their own insurance?	Yes	No		
Bands?	Yes	No 🗌	How Many?	
Names*:				
* if more than one please attach a Type of Music:	separate page			

Edition Date: 9/22



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ADDITIONAL INFORMATION				
Additional Insure	ds:			
Joint Sponsor(s):				
Number of Exhib	itors Requiring Coverage (No Sales):			
Number of Conce	essionaires Requiring Coverage (Non-Food Sales):			
Number of Conce	essionaires Requiring Coverage (Food Sales):			
(Please	provide separate list of concessionaires and exhibitors to be covered.)			
Liquor Liability N	Needed? Yes No			
Are the securities	in place to avoid overindulge and underage drinking? Yes No			
Are identification	s 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.