

# Special Event Insurance Request Form

Use this form to apply for insurance coverage for Special events, such as a fundraiser, round-ups or special speaker meetings not associated with a regular weekly meeting. Allow about 30 days for processing. NCWSA will invoice you for the fee of approximately \$30 which is charged by the carrier. Bylaws & Insurance

1. Name of the event \_\_\_\_\_
2. District number, AIS or NCWSA entity: \_\_\_\_\_
3. Person responsible for organizing the event: \_\_\_\_\_
4. Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
5. Date and time of the Event: \_\_\_\_\_
6. Name and Address of Facility where Event will be held: \_\_\_\_\_  
\_\_\_\_\_
7. Type/Purpose of the event: \_\_\_\_\_
8. Number of people organizing the event: \_\_\_\_\_
9. Number of people expected to participate: \_\_\_\_\_
10. Cost of admission or suggested donation: \_\_\_\_\_
11. Will you sell or serve food? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Will you serve alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_
13. What is the anticipated gross income for the event: \$ \_\_\_\_\_
14. What is the anticipated net income from the event: \$ \_\_\_\_\_
15. Has any organizations or agencies asked to be named as additional insured (such as the city, county or building owner) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is their name and address: \_\_\_\_\_  
\_\_\_\_\_
- If needed, by what date must the certificate reach the organization? \_\_\_\_\_
16. Do you need a copy of the certificate: Yes \_\_\_\_\_ No \_\_\_\_\_

Please download and complete this request form and Email, Fax or Mail it to:

Bruce Hilger  
1132 Woodhaven Drive  
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Fax 530-749-3607  
Email: shopdoc@jps.net