

# Fundraiser or Special Event Application



AmTrust North America  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Submit appropriate ACORD forms with this application. Use additional page to answer questions full, if necessary.**

## Part I – General information

Name of organization: \_\_\_\_\_

Name of event:		
Description of activities:		
Location:		
Date and time:		
Expected attendance:	\$	\$
Admission fee/donation per person:		
Estimated total receipts:		
Will alcohol be served?	<input type="checkbox"/> Beer and wine only <input type="checkbox"/> Full bar <input type="checkbox"/> No alcohol served	<input type="checkbox"/> Beer and wine only <input type="checkbox"/> Full bar <input type="checkbox"/> No alcohol served
Describe controls in place to prevent excessive and underage alcohol consumption:		
Are certificates of insurance provided by independent contractors for the following?	General liability <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor liability <input type="checkbox"/> Yes <input type="checkbox"/> No	General liability <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor liability <input type="checkbox"/> Yes <input type="checkbox"/> No
List for whom your organization must provide additional coverage on your policy for this event:		
List organizations and independent contractors on whose insurance policy your organization is listed as an additional insured for this event:		

## Part II – Attachments

**Submit the following documentation with this application**

- Independent contractor certificates of insurance for event

The undersigned is an authorized agent of the persons and organization proposed for this insurance and hereby declared that to the best of his or here knowledge the statements herein are true and complete. Signing this document does not bind the insurance carrier to provide coverage. Any quote or policy issued is made in reliance on the answers supplied herein.

**This form has been completed by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title