



NOMINEE EVENT APPLICATION

Email the completed form to Sandy Caudill at scaudill@mvrma.com. Call 937-438-8878 with questions. Please send at least 10 days in advance of the event.

MEMBER INFORMATION

Member Name:

Contact:

Phone Number:

Fax Number:

Email Address:

EVENT INFORMATION

Name/Type of Event:

Description of Event:

Date(s):

Hour(s):

Location:

Attendance (per day):

Ages of Attendees:

Participants (per day)

Ages of Participants:

Waivers Signed? Yes No

Are Fireworks Included?

Carnival Rides?

Are they providing their own insurance?

Bands?

How Many?

Names*:

Type of Music?

**if more than one please attach a separate page*

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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 / exhibitors to be covered*

Liquor Liability Needed?

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

Are identifications checked and wristbands issued? Yes No

Is the liquor confirmed to a set area? Yes No

Increased Limit Options:

\$1,000,000/\$3,000,000 Total Event premium will be increased by 11%

\$2,000,000/\$2,000,000 Total Event premium will be increased by 19%

Property Damage :

\$50,000 Limit Premium \$50.00

\$100,000 Limit Premium \$100.00

\$300,000 Limit Premium \$250.00



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COMPANY USE ONLY:	
Hazard Group:	Attendance Premium:
Exhibitors Premium:	Concessionaires Premium:
Liquor Liability Premium:	Additional Insureds Premium:
Property Damage Premium:	Increase Limits Premium:
	TOTAL PREMIUM: