



SPECIAL EVENT LIABILITY INSURANCE APPLICATION

Site/Department: _____ Date of Request: _____

Name of Organization, Event Sponsor or Individual: _____

Address: _____

Contact Person: _____

Telephone: _____ Cell: _____ Fax: _____ Email: _____

Name of Group/Event: _____

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

Please check: Dunk tank Vendors Graduation Athletic Event
 Food/Concession Animals Parking lot overflow Other _____

Special Condition: Bounce House or other inflatables – Vendor must show proof of Insurance and name site as additional insured. If approved by SIA, SIA will provide excess coverage.

Facility to be used: _____

Address: _____
Street City State Zip

Contact Person: _____

Telephone: _____ Cell: _____ Fax: _____ Email: _____

Anticipated Attendance Per Day: (Participants, spectators and guests) _____

Is there a written agreement or application facility use? ___ Yes ___ No (If Yes, please attach a copy)

Required Fee: \$250.00

Provide Budget Code: _____ or Check (see below)

Signature of Site Administrator: _____ Date: _____

INSTRUCTIONS:

- 1. Fill out the information above and return to Risk Management by Mail: Box 840 or Fax: 916-399-2056
2. Please allow two weeks to process the application. You will be contacted when the application is approved.
3. Payment must be received two weeks prior to your event. NO EXCEPTIONS.
4. Payment must be a district budget code or cashier's check/money order made out to SCUSD: Risk Management Box 840, 5735 47th Ave, Sacramento, CA 95831 Phone: 916-643-9421 Fax: 916-399-2056

Office of Risk Management Use Only

Date Request Received: _____ Date Approval Received from SIA: _____

Date Forwarded to SIA: _____ Date Approval Sent to Site: _____