



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: \$175.00

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: 916-399-2071
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 95824 Phone: 916-643-9421 Fax: 916-399-2071

Office of Risk Management Use Only
Date Request Received: _____ Date Approval Received from SIA: _____
Date Forwarded to SIA: _____ Date Approval Sent to Site: _____