REQUEST FOR EVENT INSURANCE COVERAGE

NAME OF EVENT

DATE OF EVENT

ADDRESS OF EVENT

Approximately how many people are you expecting?

How many days are included in your event?

Do you need proof of insurance for the event?

Name of person requesting insurance

Address and phone number where you can be reached

Please allow 1 week notice to secure insurance. However, if you require proof of insurance we will need three (3) weeks notice for mailings.

Please contact Barb K. UMSO chair @ 612-735-7578

THERE IS NO COST TO THE AREA OR MEETING PUTTING ON THE EVENT.

THIS INSURANCE COVERAGE DOES NOT COVER INDIVIDUAL MEETINGS.

Mail this form to: Barb Kaczmarek
4745 Bryant Av S
Mpls., Mn. 55419

DO NOT MAIL THIS TO THE SERVICE OFFICE AS I MAY NOT SEE IT IN TIME.