



EVENT LIABILITY INSURANCE

APPLICATION

(Not applicable to Daycares)

Parish: _____

NSPE #: _____

Name of Insured:	•
Mailing Address:	•
Parish Location:	
Date(s) of Event:	•
With Alcohol:	• <input type="checkbox"/> YES <input type="checkbox"/> NO
Estimated number of Attendees:	•
Event Description:	•
Limit:	\$2,000,000

- Events with more than 500 people must be referred to Insurer.
- Events lasting more than 7 days must be referred to Insurer.

SEND TO: LYNN.STONE@marsh.com