2015 - 2016 POST EVENT REPORT

POST EVENT REPORT MUST BE RECEIVED WITHIN THREE BUSINESS DAYS OF EVENT COMPLETION
(Failure to report on time will affect your ability to purchase insurance in this program)

Date _____ Name/Event Insured _____

Contact Name _____ Phone 1 _____

Address _____ Phone 2 _____

City _____ Fax _____

State _____ Zip _____ Email _____

Website _____

Had any incidents ocurred during your event that may result in a claim? YES ☐ NO ☐

Briefly describe:

# of Participants Actual _____

# of Volunteers Actual _____

Once coverage has been bound there are no cancellations or refunds. Participation numbers that exceed the insured amount will require additional premium. Failure to properly report additional participant numbers may affect your ability to obtain future insurance and/or claim payments. No refunds for underattendance.

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