



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 occurred during your event that may result in a claim? YES ☐ NO ☐

Briefly describe:

of Participants Actual _____

of Volunteers Actual _____

_____ Difference

- If fewer participants attended than were originally insured, then fax this form to McKay Insurance.
- If more participants attended than originally insured, subtract originally insured from actual attendance and multiply the difference by the participant rate on your application. Please mail this form and your payment for the additional premium # of

_____	X	\$	_____	=	\$	_____
# of Participants			Rate			Premium

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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