

POST-EVENT REPORTING FORM

Please report final attendance post-event if participant/volunteer numbers exceed the originally insured amount. Failure to properly report additional participants/volunteers may affect your ability to obtain future insurance and could affect claim handling.

YOUR CONTACT INFORMATION

Date _____

Legal Name/DBA _____

Contact Name _____ Cell Phone _____ Business Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____

INCIDENT INFORMATION

Were there any incidents or injuries at the event that might result in a claim? YES NO

If yes, please briefly describe here: _____




**If there were any incidents or injuries at the event, please take a few minutes to complete an Incident Reporting Form (for each incident/injury) and return this to our office as soon as possible. [Click here](#) to find an Incident Reporting Form.*

YOUR EVENT INFORMATION

Event Name _____ Event Date(s) _____

Total # of Participants _____

Total # of Volunteers _____

-  Post-Event Reports can be emailed to insurance@mckayinsagency.com or faxed to our office at (641)828-2013.
-  Once we receive your Post-Event Report, a member of our Silent Sports Services team will contact you via email regarding the additional premium due for your event (if applicable).
-  Payment of any additional premium due can be made by check, credit card or PayPal account.