



Byars ♦ Thompson ♦ Buchanan

INSURANCE & FINANCIAL SERVICES, LLC

SPECIAL EVENT APPLICATION

Name (individual or company?) _____

Address: _____

City, State, ZIP _____

If mailing address is different:

Mailing Address: _____

City, State ZIP _____

Home Phone _____

Business Phone _____

Mobile Phone _____

Website _____

Email: _____

Are you the Event Holder or Concessionaire/Exhibit/Vendor _____

Event Type _____

Start/End Date: _____

Start/End Time: _____

Total # of Days the event will be open? _____

Total Attendance? _____

Maximum Daily Attendance _____

Age Group to _____

Estimated Gross Revenues _____

Will alcohol be served? _____

Will the applicant receive any proceeds from the sale of alcohol? _____

Will there be security at this event? _____

Is a celebrity or other high profile person attending this event? _____

Is a donation expected or an admission charge required to attend? _____

Limit Liability Required? _____

of Additional Insured's Required? _____

Facility Info:

Address _____

City State, ZIP _____

Is public access limited by fences, ropes, barricades or guard rails? _____

Please fax this form to BTB Insurance at (805) 347-4711 and we will contact you with a premium indication.