



TENANT/USER and INSTRUCTOR APPLICATION

If event requires underwriter approval please allow 10 days (if possible) prior to event date. If insufficient time is not allowed possible decline on coverage could occur. Contact us by fax at (406) 442-8263 or email us at processing@iiamt.org

EVENT HOLDER INFORMATION

Name:

Address:

Phone Number:

Fax Number:

Email Address:

TENANT/USER EVENT INFORMATION

Name/Type of Event (15TH Birthday Party, Anniversary Party, Meeting, Dance, Job Fair, etc.)

Description of Event:

Date(s):

Hour(s):

Location:

Attendance (**Per Day**):

Total Attendance for Event:

Ages of Attendees:

Will waivers be signed? Yes No

Participants (**Per Day**):

Ages of Participants :

Are Fireworks Included?

Carnival Rides?

Bands?

How Many?

Names*:

Type of Music?

**if more than one please attach a separate page*



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TENANT/USER EVENT - ADDITIONAL INFORMATION

Additional Insureds:

Number of Exhibitors Requiring Coverage (No Sales)*:

Number of Concessionaires Requiring Coverage (Non Food Sales)*:

Number of Concessionaires Requiring Coverage (Food Sales)*:

**Please provide separate list of concessionaires / exhibitors to be covered*

Liquor Liability Needed?

INSTRUCTOR CLASS INFORMATION

Description of Instructional Class:

Date(s):

Hour(s):

Location:

Attendance (**Per Class Per Day**):

Same attendance per day:

Are these in weekly sessions? Yes No

Ages of Attendees:



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OPTIONAL COVERAGES

Limit Increase

\$1,000,000/\$3,000,000 Total Event premium will be increased by 11%

\$2,000,000/\$2,000,000 Total Event premium will be increased by 19%

Property Damage :

\$50,000 Limit Premium \$50.00

\$100,000 Limit Premium \$100.00

PAYMENT OPTIONS

Credit Card (see separate form)

Cash / Check (Payable to Public Entity)

COMPANY USE ONLY:

Hazard Group:

Attendance Premium:

Exhibitors Premium:

Concessionaires Premium:

Liquor Liability Premium:

Additional Insureds Premium:

AD&D Premium:

Increase Limits Premium:

TOTAL PREMIUM: