

APPLICATION
FOR
SPECIAL EVENT LIABILITY COVERAGE

I. Date of Event: _____
(Month) (Day) (Year)

II. Type of Event: _____

(Please be specific)

III. Event Location: _____

IV. Event Sponsor: _____

V. Are tents to be used? _____ yes _____ no
If "yes": Who owns tents? _____
Who will set up? _____

VI. Are Fireworks or Pyrotechnics to be used? _____ yes _____ no
If "yes", who in Safety and Security has given approval?

(Name)

VII. Attendance Estimate:
Number Purdue Students: _____
Number Student Guests: _____
Number Other (Specify Whom): _____
Total Estimated Attendance: _____ *
*Premium charge will be based on this number

IX. Premium to be Charged to:
Cost Center #: _____
Customer ID #: _____

IX. Person Completing Application

Name: _____

Phone: _____

Representing: _____

(Organization or Area)

***IF THIS IS A STUDENT-SPONSERED EVENT, THE FOLLOWING*
MUST ALSO BE COMPLETED**

X. Name(s) of Group(s) Performing:

1. _____

2. _____

3. _____

4. _____

5. _____

XI. Type of Performance (Rock, R&B, Jazz, etc.)

XII. Total Number of Performers: _____

XIII. Security Policy for this Event

(If a written Policy exists, please attach copy. If not, please describe below) _____

XIV. Describe Alcohol Policy for this Event and how it will be Enforced

***NOTE:** Security and Alcohol Policies Must Have Purdue University Police Department (PUPD) Approval or the Event Cannot Proceed.

PUPD Approval:

I have reviewed the Safety and Alcohol Policies for this event and hereby give PUPD approval for the event to proceed within those guidelines.

(Name of PUPD Officer)

Date

***THIS COMPLETED FORM MUST BE RECEIVED BY THE RISK MANAGEMENT*
OFFICE A MINIMUM OF FIVE WORKING DAYS PRIOR TO THE EVENT.**