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-SPONSORED 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.*