**Quote Confirmation Requested** **Binder/Certificate Requested**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Title:** | |  | | |
| **User Name:** | |  | | |
| **Mailing Address:**  (street) | |  | | |
| (city, state and zip) | |  | | |
| **Event Contact Person:** | |  | | |
| **Contact Email Address:** | |  | | |
| **Contact Phone Number:** | |  | | |
| **Contact Fax Number:** | |  | | |
| **Type of Event:**  (refer to hazard schedule) | |  | | |
| **Hazard Class:** (choose one) | | **I**  **II**  **III** | | |
| **Location of Event:** | |  | | |
| **Date(s) of Event:** | |  | | |
| **Attendance Per Day:** | | | | **Total Attendance:** |
| **Premium:**  (refer to rate list) | **$** | | | |
| **Campus RM Contact:** | | |  | |
| **Campus RM Email:** | | |  | |
| **Campus RM Phone #:** | | |  | |
| **Campus RM Fax #:** | | |  | |

**Coverage provided by JD Fulwiler & Company Insurance**

**Events are not bound until approved - fax this questionnaire to**

**(503) 977-5856 Attn Special Events OR scan and email to** [**eventsupport@eventinsurancenow**](mailto:sara@galescreek.com)**.com for confirmation and approval**

Premium checks are to be made payable to UW System Administration and sent to:

ORM Attn Alisa Kemnitz, 780 Regent Street, Madison, WI 53715