**[ ]  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****.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