

## Washington Civil War Association

### EVENT INSURANCE APPLICATION FORM - PLEASE TYPE OR PRINT LEGIBLY

WCWA Event Coordinators must complete this form and submit it to WCWA administration at least two weeks prior to event listed below in order to 1) assure WCWA insurance is effective for their event; 2) obtain certificate(s) of insurance for their event, and/or 3) obtain "additional insured" coverage for a stakeholder in their event. Stakeholders are typically venue owners, venue managers, or event managers. Event coordinators must contact venue owner and/or manager(s) to determine what they require for event insurance.

<b>Event Information</b>	
Event Name:	Period Event (public interaction) Dates:
Type of Event (battle, skirmish, encampment, demo, parade, etc.):	Site Occupancy Dates:
Venue Name:	Venue Owner:
Venue Address (for Mapquest etc.):	Venue Manager (if applicable):
City, State, & ZIP:	Other Involved Party Name (if applicable):

<b>Event Coordinator Information</b>	
Event Coordinator Name:	Email Address:
Mailing Address:	Primary Phone:
City, State, & ZIP:	Other Phone (optional):
Second Event Coordinator Name (optional):	Third Event Coordinator Name (optional):

**A "Certificate of Insurance" will indicate that the above-named event is insured by the WCWA's general liability policy.**

**Is a Certificate of Insurance required for the above-named event?**

Yes, send a Certificate of Insurance.                       No, do not send a Certificate of Insurance.

**The Certificate of Insurance will be sent to the Event Coordinator listed above unless otherwise specified here:**

**A "Certificate of Additional Insured" will indicate that a specified entity or person is additionally named as insured by the WCWA policy for the above-named event.**

**Is/Are "Certificate(s) of Additional Insured" required for the above-named event?**

Yes, add entity(s) listed below as additional insured.                       No, do not add any entity(s) as additional insured.

Entity Name:	Primary Contact Name (optional):
Mailing Address:	Primary Contact Phone (optional):
City, State, & ZIP:	Primary Contact Email (optional):
Entity Name:	Primary Contact Name (optional):
Mailing Address:	Primary Contact Phone (optional):
City, State, & ZIP:	Primary Contact Email (optional):

Is there any special wording that is requested by an event stakeholder to be on this form? Or are there other requests? If so, please write below or on back of form.

**Please send this completed form to either: Howard Struve, [hstruve@wavecable.com](mailto:hstruve@wavecable.com); or Kevin Saville, P.O. Box 7542, Olympia WA 98507-7542, [kevin@saville.net](mailto:kevin@saville.net). The application will be reviewed and forwarded to the insurance company.                      Rev. 150228**