Miami Valley Risk Management Association (MVRMA)
Special Event Insurance Application Information
Tenant Event

Please provide the following information to receive a quote for special event coverage for a "tenant" event. A tenant event is one in which a third party uses city facilities, property or right-of-way for their event. Please return completed application to parks@beavercreekohio.gov.

Event Holder's Name: *Click here to enter Name.*
Event Holder's Address: *Click here to enter Address.*

Event Description: *Click here to enter Event Description.*

Event Date: *Click here to enter a date.*
Time: from *Enter Start Time* *AM / PM* to *Enter Ending Time* *AM / PM*
Event Location: *Click here to enter Location.*

Estimated Number of Attendees: *Click here to enter number.*

Age Range of Attendees: from *Enter Age* to *Enter Age*

Will there be Bands? *Choose Yes / No* *(If Yes, provide a list of Band Names and Types of Music.)*
Concessionaires? *Choose Yes / No* *(If Yes, provide a list of concessionaires and types of products.)*
Caterers? *Choose Yes / No* *(If Yes, provide a list of caterers.)*

Exhibitors? *Choose Yes / No* *(If Yes, provide a list of exhibitors and description.)*

Liquor? *Choose Yes / No* *If Yes, answer the following:*
1. If liquor is being served directly by the applicant, will training be provided to those individuals monitoring consumption to prevent underage drinking and over consumption by individuals of legal drinking? *Choose Yes / No* Comments: *Click here to enter text.*
2. If liquor is being served directly by the applicant, will the consumption of alcoholic beverages will be restricted to a specific area or will wrist bands/hand stamps will be provided to those individuals of legal drinking age? *Choose Yes / No* Comments: *Click here to enter text.*
3. If liquor is being provided by independent contractors/vendors, do they carry at least $1,000,000 in liquor liability coverage, provide the applicant a Certificate of Insurance, and provide additional insured status? *Choose Yes / No* Comments: *Click here to enter text.*

Carnival Rides? *Choose Yes / No* *Fireworks?* *Choose Yes / No*
Bounce Houses or other Inflatables? *Choose Yes / No*
   If Yes to Carnival Rides, Fireworks or Inflatables, please describe:
   Click here to enter text.

Other Information/Comments: *Click here to enter text.*