



NOMINEE EVENT APPLICATION

Fax the completed form attn: Special Events at 406-442-8263 or email to blaroque@iiamt.org
Please send at least 10 days in advance of the event. If you do not receive a completed proposal within 48 hours please contact Becky LaRoque at 406-442-9555 extension 104.

MEMBER INFORMATION

Member Name:

Contact:

Phone Number:

Fax Number:

Email Address:

EVENT INFORMATION

Name/Type of Event:

Description of Event:

Date(s):

Hour(s):

Location:

Are Fireworks Included?:

Carnival Rides?:

Bands?

How many?

Names

Type of music?_

ADDITIONAL INFORMATION

Attendance (Per day):

Ages of Attendees:

Additional Insureds:

Joint Sponsor(s):

Number of Concessionaires Requiring Coverage (Food Sales):

Number of Concessionaires Requiring Coverage (Non-Food Sales):

Number of Exhibitors Requiring Coverage (No Sales):

(Please provide separate list of concessionaires and exhibitors to be covered.)

Liquor Liability Needed?:

COMPANY USE ONLY:

Hazard Group		Liquor Premium:	\$
Attendance Premium	\$	Add'l Insd Premium	\$
Concessionaire Premium	\$	TOTAL PREMIUM	\$