



SPECIAL EVENTS AGREEMENT

Please complete this form and submit with any insurance request that requires an entity to be listed as an additional insured. Contact the Executive Director (insurance@mnjaycees.org) with any questions.

DATE: _____

It is agreed that the _____ Jaycees are participating
in the following event and agree to add (the) _____

_____ as an Additional Insured to the current general liability policy.

NAME OF EVENT: _____

DATE OF EVENT: _____

Chapter Event Contact Name

Date

Chapter Event Contact email address

Phone Number

Additional Insured Contact Name

Phone or email

Additional Insured Contact Name

Phone or email