

## West Coast College Consortium Special Event Application

1. Applicant's name: \_\_\_\_\_  
If organization, provide contact name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone (day): (     ) \_\_\_\_\_ Phone (evening): (     ) \_\_\_\_\_  
Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Name of College/University & campus location: \_\_\_\_\_
4. Description of event: \_\_\_\_\_  
\_\_\_\_\_
5. Date(s) of event: \_\_\_\_\_
6. Opening and closing hours: \_\_\_\_\_
7. What is your involvement with this event? \_\_\_\_\_
8. Estimated attendance ***per day*** of event (check as many as applicable & note the dates):  
 1-100                       251-500                       1,500-3,000  
 101-250                       501-1,500                       3,001
9. Is there seating? \_\_\_\_\_ If yes, type (assigned/festival): \_\_\_\_\_
10. If concert, type:  
 Hard Rock    Pop Rock    Jazz    C&W    Classical    Other: \_\_\_\_\_
11. Performers' Names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Will alcoholic beverages be sold or served? Yes  No
13. Is a caterer being used? Yes  No
14. If yes, name, address, and phone number of caterer: \_\_\_\_\_

**PREMIUM PAYMENT MUST BE PAID DIRECTLY TO GALES CREEK INSURANCE SERVICES AT TIME OF APPLICATION FOR CONTRACT TO BE CONSIDERED. THE PREMIUM IS NONREFUNDABLE AND MUST BE MADE BY CHECK – NO CREDIT CARD PAYMENTS WILL BE ACCEPTED.**

I hereby warrant and confirm that I have read all of the questions and answers on this application and further certify that the above information, to the best of my knowledge, is true and correct.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE. ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the Company until accepted by the Company or Companies in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax: \_\_\_\_\_

Evening Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Completed application and copy of check should be FAXED to Gales Creek Insurance Services as soon as possible so that Certificate of Insurance can be promptly issued to the college/university, with the original application and check following by US Mail. Send to:

Gales Creek Insurance Services  
att'n: WCCC events  
800 NW 6<sup>th</sup> Ave., suite 335  
Portland, OR 97209  
phone: 503) 227-0491  
fax: 503) 227-0927

Please remember that all quoted rates are PER CALENDAR DAY. No exceptions can be made or partial day events combined.