



**USER – INTERIM EVENTS
SCHEDULE**

Impact Programs
4300 Shawnee Mission Pkwy
Fairway, KS 66205

GENERAL INFORMATION

Today's Date: _____ Agency Name: _____
Named Insured: _____ Producer Name: _____
Event Date: _____ Producer Phone: _____
Event Name: _____ Producer Email: _____

EVENT INFORMATION

Name of Event Producer: _____

Type of Event/Product(s) Provided: _____

Will there be any athletic activities, events, or competitions, or any recreational physical activities or contests between individual or as a group? Yes No

If Yes, please explain: _____

Event Dates: _____

Est. Attendance: _____

Liquor Liability Required? Yes No

*If Yes, must call for acceptability and/or premium

\$ _____
TOTAL PREMIUM

Refer to User Rates & Eligibility Schedule for Premium information