

**SKAMANIA COUNTY FACILITIES & RECREATION
SPECIAL EVENT INSURANCE
REQUEST FOR QUOTE**

**RENTER
INFORMATION**

NAME		PHONE # (DAY)	
MAILING ADDRESS		PHONE # (EVENING)	
EMAIL			

EVENT INFORMATION

TYPE OF EVENT:	
ANTICIPATED ATTENDANCE:	
IS IT A YOUTH ORIENTED EVENT?	
WILL ALCOHOL BE SERVED?	
TIME OF EVENT: <u>INCLUDE SET UP & CLEAN UP TIMES NEEDED</u>	
<u>OFFICE USE ONLY BELOW THIS LINE</u>	
GENERAL PREMIUM: \$ _____ ADDITIONAL PREMIUM: \$ _____ LIQUOR: \$ _____ TOTAL: \$ _____	
INSURANCE CLASSIFICATION: _____ # OF ATTENDEES: _____	