



**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**