



# Bleachers / Grandstand Event - Supplemental Application

## GENERAL INFORMATION

Please fill out one form for each event: (If commercial event, please see separate application)

Name of Event:

Location of Event: (Full name and address)

Name of Promoter: Address of Promoter:

Promoter Telephone: Fax: Email:

Website:

From: (\*month/day/year) To: (month/day/year)

Number of Members: Number of Non-Members:

Description of Non-Cycling Activities, if any: Estimated Spectator Attendance:

Bleachers/Grandstand?  
 Yes

What are the total receipts for STADIUMS BLEACHERS GRANDSTANDS

Describe construction:

Number of separate stadium/sbleacher/grandstands?

Seating capacity of each stadium/bleacher/grandstand?

**Protection of the Applicant's Personal Information:**  
By completing this application and returning it to Gallagher, the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, Gallagher, for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

**SIGNATURE** By signing this form you are consenting to the statements above.  
Name (please print)

Title:

Signature:

Date: