

## Bleachers / Grandstand – Event Supplemental Application

Please fill out one form for each event: (If commercial event	, please see separate applica	ition)
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/bleacher/grandstand?		
Seating capacity of each stadium/bleacher/grandstand?		
Protection of the Applicant's Personal Information:  By completing this application and returning it to Arthur J. Gacollection, use and disclosure of such information, including following purposes:		
Communicating with the <b>Applicant</b>	<ul> <li>Negotiating, maintabehalf</li> </ul>	aining or renewing insurance on the Applicant's
<ul> <li>Assessing the Applicant's application for insurance</li> <li>Disclosing information to Insurance Companies</li> </ul>	Providing claims assistance and service.	
	Advising the <b>Applicant</b> of other products or services	
	Complying with reg	gulators and legal authorities
SIGNATURE By signing thisform you are consenting to th	e statements above.	
Name (please print)	Title:	
Signature:	Date:	

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