



2009-2010 POST EVENT REPORT

www.mckayinsurance.com

POST EVENT REPORT MUST BE RECEIVED WITHIN THREE BUSINESS DAYS OF EVENT COMPLETION

(Failure to report on time will affect your ability to purchase insurance in this program)

Date _____ Name/Event Insured _____

Contact Name _____ Phone 1 _____

Address _____ Phone 2 _____

City _____ Fax _____

State _____ Zip _____ Email _____

Website _____

Had any incidents occurred during your event that may result in a claim? YES NO

Briefly describe:

of Participants Actual _____

of Participants Originally Insured _____

_____ Difference

- If fewer participants attended than were originally insured, then fax this form to McKay Insurance.
- If more participants attended than originally insured, subtract originally insured from actual attendance and multiply the difference by the participant rate on your application. Please mail this form and your payment for the additional premium

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 \underline{\hspace{2cm}} & & & & \underline{\hspace{2cm}} & & & \underline{\hspace{2cm}} & \\
 \text{Difference} & & & & \text{Rate} & & & \text{Additional Premium} &
 \end{array}$$

Once coverage has been bound there are no cancellations or refunds. Participation numbers that exceed the insured amount will require additional premium. Failure to properly report additional participant numbers may affect your ability to obtain future insurance and/or claim payments. No refunds for underattendance.

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