



# 2008-2009 POST EVENT REPORT

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WVMBA

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

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:

$$\begin{array}{rcccl}
 & & X & \$ & = & \$ \\
 \hline
 & & & & & \\
 \hline
 \text{\# of Participants Actual} & & & \text{Rate} & & \text{Additional Premium (\$100 minimum)}
 \end{array}$$

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.

**McKay Insurance Agency, Inc. PO BOX 151 • Knoxville, IA 50138**

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