

United Methodist Women, National Office
Special Events Insurance Request Form

Submit to UMW National Office **5 WEEKS** before your event **ONLY IF:**
(1) your event will be 5 or more business days or 500 or more people **OR**
(2) you need a Certificate of Insurance for a smaller event.

Name of Event: _____

UMW event organized by: ___ District ___ Conference ___ Jurisdiction ___ National Office

Date (s) of Event: _____ to _____

Address of Event: _____

Event Sponsor: _____

Event Contact Name: _____

Email address: _____

Telephone #: _____

Expected Attendance: _____

Please email this application or any questions to:

Wayne Moy: WMoy@unitedmethodistwomen.org or
Halina Mui: Hmui@unitedmethodistwomen.org

ABOUT EVENT INSURANCE:

The National Office maintains liability insurance that covers UMW special events organized by Districts, Conferences, Jurisdictions and the National Office. There is no charge to the District, Conference or Jurisdiction.

Events of less than 5 business days and under 500 people are automatically covered. For larger events, you must submit a **Special Events Insurance Request Form** to the National Office 5 weeks before the event. You may also submit the form if you need a Certificate of Insurance for a smaller event.

Regardless of event size, you must submit a **Special Events Incident Report Form** (attached) to the National Office within 24 hours of any incident or accident that occurs at your event.

United Methodist Women, National Office
Special Events Incident Report Form

Submit to National Office within **24** hours of incident or accident.

Name of Event: _____

UMW event organized by: ___ District ___ Conference ___ Jurisdiction ___ National Office

Incident Date: _____ Incident Time: _____

Incident Address / Location: _____

Injured Person's Name: _____

Injured Person's Email: _____ & Phone #: _____

Details of Incident (attach any photos or official reports):

Injury Type: _____

Did Injury require Hospital, Physician? ___ Yes ___ No

If yes:

Hospital Name: _____ Hospital Phone # _____

Hospital Address: _____

IMPORTANT NOTES (include Photos, Official Report, name(s) and contact information of witness(s):

Reporting Person's Name: _____ Report Date: _____

Reporting Person's Email: _____ & Phone #: _____

Please send completed incident report(s) or any questions to both:

Halina Mui: HMui@unitedmethodistwomen.org

Wayne Moy: WMoy@unitedmethodistwomen.org

Phone: (212) 870-3775

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