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: