



Special Events First Aid Addendum

This Addendum forms part of your Application for Insurance as an Authorized Provider in providing Special Events First Aid.

Please complete all Sections to the best of your ability. If you are unsure how to answer, please contact McFarlan Rowlands. If there is not sufficient space for you to answer the questions, please add information on a separate page. Thank you.

Name of Applicant: _____

Number of Employees: _____

Details of Events Attended Last Year	Duration of Event	Annual Receipts

Details of Events Projected for Upcoming Year	Duration of Event	Annual Receipts

Applicant's Signature

Date