



Special Events First Aid ADDENDUM

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

Name of Applicant: _____

Details of Events Attended Last Year	Duration of Event	Annual Receipts
		\$
		\$
		\$
		\$
		\$
		\$

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

Names of Persons Providing Above Services	Qualifications	Experience

Applicant's Signature

Date