

**BEGINNING EXPERIENCE INTERNATIONAL MINISTRY, INC.**

Part of the *Beginning Experience* insurance program includes coverage for fundraising, social or other events that are not part of the ministry's programs but are conducted in the name of the ministry.

The insurance carrier asks us for information about these events for which they are providing coverage. Please complete the form below and return it to:

Beginning Experience International Ministry Center  
1657 Commerce Drive  
South Bend, IN 46628  
Fax 574-283-0287  
Or e-mail it to [nancy@beginningexperience.org](mailto:nancy@beginningexperience.org)

Your name \_\_\_\_\_ Today's date \_\_\_\_\_

Your team \_\_\_\_\_

Your phone numbers H: \_\_\_\_\_ W; \_\_\_\_\_

E-mail address \_\_\_\_\_

Brief description of event (dance, bake sale, etc.): \_\_\_\_\_

Event date \_\_\_\_\_ Estimated attendance \_\_\_\_\_

Purpose (social, fundraising, etc.): \_\_\_\_\_ Will liquor be served?\* \_\_\_\_\_

Location of event: \_\_\_\_\_

*Note: Liquor liability is NOT included in our coverage.*

Brief description of event (dance, bake sale, etc.): \_\_\_\_\_

Event date \_\_\_\_\_ Estimated attendance \_\_\_\_\_

Purpose (social, fundraising, etc.): \_\_\_\_\_ Will liquor be served? \_\_\_\_\_

Location of event: \_\_\_\_\_

Event date \_\_\_\_\_ Estimated attendance \_\_\_\_\_

Brief description of event (dance, bake sale, etc.): \_\_\_\_\_

Purpose (social, fundraising, etc.): \_\_\_\_\_ Will liquor be served? \_\_\_\_\_

Location of event: \_\_\_\_\_

*Note: Liquor liability is NOT included in our coverage*

IMC 0105

**This form is available on-line at [www.beginningexperience.org](http://www.beginningexperience.org); User name: northamerica;  
Password: inmotion**