



2010 LLL USA World Breastfeeding Week Celebrations Event Site Insurance Form

General Liability insurance is provided for the 2010 WBWC events at no additional charge to all registered USA La Leche League Groups. If your Event Site requires a **certificate** verifying **liability insurance**, complete this form. Please allow two weeks to process the Certificate of Insurance.

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|---|--------------------------------------|
| Event Site: | Type of Event: |
| Address or Location of Event: | |
| If Walk/Run, Boundaries of Event Site: | |
| Date of Event: | If Walk/Run, length: |
| <i>Site Contact Person/Agency:</i> | |
| Address: | |
| Fax Number: | Telephone: |
| E-mail: | |
| LLL Area: | Name of LLL Group(s) using this site |
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| <i>Group WBWC Chairperson (contact for this WBWC Site):</i> | |
| Name: | |
| Address: | |
| Telephone: | E-MAIL: |
| <p>PLEASE CHECK Person/s to send site insurance certificate to: Event Site listed above: ____ By Mail: ____ E-mail: ____ Fax: ____ and/or Group Chairperson: ____ By Mail: ____ E-mail: ____ Fax: ____</p> | |

LLLI's Liability Insurance does not cover activities that take place where alcoholic beverages are served.

Complete this form and send as attachment via e-mail to

***Mnelson@AlperServices.com**. Or, print out the form and mail or FAX (at least 2 weeks prior to the event) to: Melissa Nelson at:*

Alper Services, LLC, 60 West Superior Street, Chicago, IL 60654, Fax: 312-944-7000