

WISCONSIN COUNTY MUTUAL INSURANCE CORPORATION

TENANT-USER LIABILITY INSURANCE PROGRAM

APPLICATION

1. NAME OF COUNTY: **Rusk County Extension Office**
2. MAILING ADDRESS: **311 Miner Ave E, Suite S140 Ladysmith, WI 54848**
3. CONTACT PERSON: **Charmaine Riddle** PHONE: **715-532-2151**

PLEASE COMPLETE THE FOLLOWING FOR EACH ADDITIONAL INSURED AND EVENT TO BE ENDORSED ONTO THE COUNTY'S LIABILITY POLICY.

1. NAME OF TENANT-USER: _____
2. MAILING ADDRESS: _____

3. CONTACT PERSON: _____ PHONE: _____
4. LOCATION OF EVENT: _____
5. DESCRIPTION OF EVENT: _____
6. DATE OF EVENT: _____

USING THE ATTACHED ENDORSEMENT RATE SCHEDULE, COMPLETE THE FOLLOWING:

7. ESTIMATED ATTENDANCE: _____
8. PREMIUM CHARGE - PER EVENT/PER DAY:\$ _____
9. TOTAL PREMIUM PAID:\$ _____

In order to secure coverage, the completed application and premium payment, **PAYABLE TO WISCONSIN COUNTY MUTUAL**, must be received at Aegis Corporation prior to the day of the event.

Please bring completed application along with check or money order to the Extension Office where it will be reviewed before sending it to the insurance company. Thank you.