

REQUEST FOR TENANT USER'S LIABILITY INSURANCE

Person/Company requesting space: _____

Address:

Liability insurance coverage is requested to cover the following event:

Name of Event

Date of event: _____ **Total number of days:** _____

Location of event: SC Botanical Garden, 102 Garden Tr., Clemson, SC 29634-0174

Estimated number of attendees and/or participants: _____

Estimated premium: \$ _____

Clemson University Department leasing space: SC Botanical Garden/0174

Department contact: Judith Gardner, Garden Rental Manager or Todd Steadman

Phone: 864-656-3405

Signed: _____ **Date:** _____