

Instructions to Quote

Your event may qualify for web quoting.

- Determine premium charges, located on Premium Quotation page.
- Print application, including this page and answer each question.
- Sign and date the completed application.
- If your event qualifies for web quoting, complete the Premium Summary page (located on last page of application).
- If your event qualifies for web quoting: To order this insurance, send the completed **application**, (including this page), the completed **Premium Summary** page and a **cashier's check or money order**, made payable to **Diversified Risk Insurance Brokers**.
- If your event does not qualify for web quoting: To order this insurance, send the completed **application**, (including this page). We will fax a quote to you after we have reviewed your application.
- Mail all requested items, including this page to:

Diversified Risk Insurance Brokers ♦ 5900 Christie Avenue ♦ Emeryville, CA 94608
 Fax 510-547-5648

Submission of this application does not guarantee coverage. Insurance coverage can only be bound by the Administrator of the Purchasing Group, after review and approval.

Please quote Special Event Liability Insurance for my Event.

- My Application is enclosed
- My fax number is () _____
- The Limit of Liability I require is circled below:

| | |
|-------------|--|
| \$1,000,000 | Each Occurrence |
| \$2,000,000 | Each Occurrence *NOT ELIGIBLE FOR WEB QUOTING |
| \$3,000,000 | Each Occurrence *NOT ELIGIBLE FOR WEB QUOTING |
| \$4,000,000 | Each Occurrence *NOT ELIGIBLE FOR WEB QUOTING |
| \$5,000,000 | Each Occurrence *NOT ELIGIBLE FOR WEB QUOTING |
- If you have any questions, you can call me at () _____

*Limits greater than \$1,000,000 are not eligible for web quoting. We must submit your application to the underwriter for a quote.

 Print your name so it is legible.

Other instructions:

Special Event Liability Group Insurance Trust Event Application – Commercial General Liability

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

Applicant Information

1) Named Insured is a: _____ File: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> LLC or LLP | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Public Agency | <input type="checkbox"/> Not-For-Profit |
| <input type="checkbox"/> Trust or Estate | <input type="checkbox"/> Labor Union | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Informal Group or Committee | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Other _____ Describe | |

2) Named Insured (as it is to appear on the policy): _____

3) Doing Business as (DBA): _____

4) Mailing Address: _____

5) City: _____ State: _____ Zip: _____

6) Country: _____

7) Contact Person: _____

8) E-Mail Address: _____

9) Telephone Number (Home): _ (_____) _____

10) Telephone Number (Business): _ (_____) _____

11) Fax Number: _ (_____) _____

12) Web Site Address: _____

Program Administration by:

Diversified Risk Insurance Brokers ♦ 5900 Christie Avenue ♦ Emeryville, CA 94608

Phone 510-547-3203 ♦ Fax 510-547-5648 ♦ E-mail: specialevent@drib.com

Web-site: www.drib.com ♦ CA License #: 0529776

Event Information

13) Name of Event: _____

14) List each date the Event will be held, the total expected attendance and the hours the event is open on each day. Include event set up and take down days. Indicate if alcoholic beverage is sold or served for each day. Attach a separate page if necessary. If the time goes past midnight, be sure to include the new day and the hours. Complete each line and each section.

| Date | Event Hours | | Attendance (Expected) | Alcoholic Beverages | | | | Hours when Alcoholic Beverages are served or sold | |
|------|-------------|-----|--------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----|
| | Start | End | | Served | | Sold | | Start | End |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

Note: If event duration is longer than 1 day, it is not eligible for web quoting. A quote can be obtained by faxing or mailing the application and required information to: the Program Administrator, **Diversified Risk Insurance Brokers + 5900 Christie Avenue + Emeryville, CA 94608 + Fax 510-547-5648**

15) Describe the Event and list all activities. Attach a separate page if necessary. If the Event is more than one day, include the date(s) each activity occurs.

Baby Shower Confirmation Ordination Other (Please describe below)
 Baptism Engagement Retirement
 Bar mitzvah Lecture Wedding
 Bat mitzvah Meeting Wedding Shower

16) Do you expect any celebrities or highly public individuals to attend or participate in your event? Yes No

16a) If yes, please list the individuals and classify the individual entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc.

| <u>Individual</u> | <u>Class of Celebrity or Public Figure</u> |
|-------------------|--|
| | |

17) Will your Event have overnight stay or lodging? Yes No

17a) Number of people staying over night? _____ Number of nights stay _____

17b) If yes, lodging is arranged by: Event Holder Attendees

- 17c) Is the Event Holder required to add as additional insured the Property Owner providing the lodging? Yes No

Property Owner Name: _____

Mailing Address: _____

City, State & Zip: _____

Lodging Facility Name: _____

Street Address: _____

City, State & Zip: _____

- 18) Is the Named Insured (On Page 1, Line 2) the:

Property Owner? Yes No

Property Manager? Yes No

- 19) Will alcoholic beverages be served? Yes No

19a) If yes,

1) Will you charge a fee or collect a ticket? Yes No

2) Do people pay to attend? Yes No

3) Do you receive a donation? Yes No

- 19b) Type of Alcoholic Beverage: Beer Wine or Champagne
 Mixed Drinks or Full Bar

19c) Estimated sales receipts for Alcoholic Beverages \$ _____

- 19d) Do you have a caterer or vendor serve or sell the alcoholic beverage?
 Yes No

- 19d1) If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance? Yes No

19e) How many different locations at the Event will alcoholic beverage be served or sold? _____

- 19f) Are you required to obtain or have a liquor license for your Event?
 Yes No

19g) What management practices do you have in place to monitor and control the consumption of alcoholic beverages?

19g1) Yes No Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted.

19g2) Yes No Everyone must show identification to receive an alcoholic beverage.

- 19g3) Yes No Individuals over the legal drinking age receive a wristband or other form of identification.
- 19g4) Yes No There is a limit of two servings provided to any one individual per visit to the concession.
- 19g5) Yes No Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated.
- 19g6) Yes No The concession or bar is closed at least one hour prior to the end of the Event.

20) Does your Event include any athletic or recreational activity? Yes No

20a) If yes, list each activity, the date of the activity and the number of participants each day.

| <u>Date</u> | <u>Activity</u> | <u># of Participants</u> |
|-------------|-----------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

21) Will your event include the use of:

- Animals Airplanes or Glider
 Hot Air Balloon Boats

21a) If yes, please explain: _____

Event Location

22) Name of Facility _____

23) Street Address _____

24) City _____ State _____ Zip _____

25) Building Area _____

26) Outdoor Area (acres, miles of street) _____

27) Building Capacity (# of persons) _____

28) Capacity of the Room(s) (if rental space is less than the entire building) _____

29) Facility Owner _____

30) Mailing Address _____

31) City _____ State _____ Zip _____

32) Is there a Property Manager that requires being included as Additional Insured?
 Yes No

If yes,

32a) Name _____

32b) Mailing Address _____

32c) City _____ State _____ Zip _____

33) Are there any caterers, vendors, concessionaires, exhibitors, entertainers, promoters or sponsors which are to be included as an Insured under this insurance policy?
 Yes No

33a) If yes, provide their name, mailing address and type of service to your Event. (Type of service = caterer, vendor, concessionaire, exhibitor, entertainer, promoter or sponsor) Add additional pages if required.

Type of Service

33a1) _____ Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Sells or Serves Alcoholic Beverage Yes No

33a2) _____ Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Sells or Serves Alcoholic Beverage Yes No

33a3) _____ Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Sells or Serves Alcoholic Beverage Yes No

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to Special Event Liability Group Insurance Trust. Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature: _____ Title: _____
(Owner, Partner or Officer)

Date: _____

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.

DISCUSSION OF THE GROUP AGGREGATE LIMIT OF LIABILITY FOR SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST

Special Event Liability Group Insurance Trust uses two separate insurance policies (one Primary, one Excess) to provide members liability insurance protection for claims by third parties arising out of their special events.

The Primary Commercial General Liability policy provides a \$250,000 each occurrence limit, subject to a maximum limit of \$1,000,000 per event. In addition, there is a group policy aggregate limit of liability of \$10,000,000 for all occurrences at all events insured by the policy in any given year.

Once the occurrence claim has reached \$250,000, the Excess policy pays in excess of that amount, up to \$750,000 each occurrence, subject to maximum limit of \$1,500,000 per event. This policy does not have a policy aggregate limit of liability.

It is possible that occurrences at other events insured by Special Event Liability Group Insurance Trust could erode the entire \$10,000,000 Primary Policy Aggregate Limit. If this happens, the obligation of the primary policy ceases.

If the primary Policy Aggregate Limit is eroded there would be no funds available to pay for future claims or for claims open at the time the primary policy limit is exhausted. This situation creates an uninsured exposure for the event holder. This creates a "gap" in coverage, with the Excess carrier having no payment obligations until after the first \$250,000 is paid.

GROUP AGGREGATE LIMIT DISCLOSURE AND ACCEPTANCE

I understand and acknowledgement that the insurance provide Special Event Liability Group Insurance Trust, for which I am applying is subject to an annual group aggregate limit that may substantially limit or reduce any insurance benefit.

I acknowledge that I have had the opportunity to ask questions concerning the potential coverage limitation and to acquire insurance that does not contain a Group Aggregate Limit from other sources.

I accept the insurance provided by Special Event Liability Group Insurance Trust with full knowledge and understanding of the limitation and possible reduction in benefits.

Signature of Event Holder: _____

Date: _____