

# Special Event Insurance -- Application for Coverage

CSU, Chico

Submit completed application to Risk Management no later than ten days preceding the event. Fax 530-898-4513 or Zip 130.

## Event Host(s)

group or entity planning the event

Contact Name

Address

Phone

Source(s) of Funding for Event

Faculty Advisor Name

Dept.

Additional Insured Name \*

Address/City/ST/Zip

\* For example, if the event is held in an off-campus facility, the facility owner may require "additional insured" status on the policy.

## Event Name

Event Start Day and Date

Time

Event End Day and Date

Time

Is this a round-the-clock activity? Yes \_\_\_ No \_\_\_

Location of Event

**Description of Event** (Coverage may be rescinded if claims arise from activities not disclosed.)

Number of Participants per Day \_\_\_\_\_ (Organizers, club members, volunteers)

Number of Spectators per Day \_\_\_\_\_ (Members of the public attending the event)

Will liquor be sold or served? Yes \_\_\_ No \_\_\_ If yes, by whom? \_\_\_\_\_

Will food be sold or served? Yes \_\_\_ No \_\_\_ If yes, by whom? \_\_\_\_\_

Will non-food items be sold? Yes \_\_\_ No \_\_\_ If yes, by whom? \_\_\_\_\_

Will there be exhibitors? Yes \_\_\_ No \_\_\_ If yes, type? \_\_\_\_\_

Will there be fireworks? Yes \_\_\_ No \_\_\_

Will there be carnival-type rides? Yes \_\_\_ No \_\_\_

**Other information your insurance provider should consider:**

**I declare that the information I have provided above is true and correct, to the best of my knowledge.**

Signature of Contact or Faculty Advisor if Student Organization

Date

## RM Use Only:

Hazard Class I II III Nominee Event Yes \_\_\_ No \_\_\_

Quote \$ \_\_\_\_\_

Provided to \_\_\_\_\_ Date \_\_\_\_\_

Date Coverage Bound \_\_\_\_\_ Date Premium Received \_\_\_\_\_

Rev. June 3, 2009