

NOMINEE EVENT APPLICATION

Complete application and send to Risk Management; risk@fullerton.edu

CAMPUS MEMBER INFORMATION

Campus Member Name:

Division/Department:

Phone Number:

Email Address:

EVENT INFORMATION

Name of Event:

Description of Event:

Event Date(s):

Event Hour(s):

Campus Location:

Attendance (per day):

Age Range of Attendees:

Total Attendance for event:

Release waivers signed.

Are there fireworks:

Carnival Rides?

Bands?

How Many?

Names:

Type of Music?

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ADDITIONAL INFORMATION
Additional Insured Requests:
Joint Sponsor(s):
<i>*Please provide separate list of concessionaires (vendors) and exhibitors to be covered –</i>
Number of Concessionaires Requiring Coverage (Food Sales) *:
Number of Concessionaires Requiring Coverage (Non-Food Sales) *:
Number of Exhibitors Requiring Coverage (No Sales) *:
LIQUOR LIABILITY
Liquor Liability? Yes or No -
1. Are the securities in place to avoid overindulge and underage drinking? Yes or No 2. Are identifications checked and wristbands issued? Yes or No 3. Is the liquor confirmed to a set area? Yes or No
<u>Increased Limit Options:</u> _____ \$1,000,000/\$3,000,000 Total Event premium will be increased by 11% _____ \$2,000,000/\$2,000,000 Total Event premium will be increased by 19%

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<u>Property Damage:</u>	
_____	\$50,000 Limit Premium \$50.00
_____	\$100,000 Limit Premium \$100.00
_____	\$300,000 Limit Premium \$250.00

RISK MANAGEMENT USE ONLY:	
Hazard Group:	Attendance Premium:
Exhibitors Premium:	Concessionaires Premium: Food Sales: Non-Food Sales:
Liquor Liability Premium:	Additional Insureds Premium:
Property Damage Premium:	Increase Limits Premium:
	TOTAL PREMIUM:

Risk Management will pay premium and Campus Entity will reimburse Risk Management