

## 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?	

## NOMINEE EVENT APPLICATION

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 -
<ol style="list-style-type: none"> <li>1. Are the securities in place to avoid overindulge and underage drinking? Yes or No</li> <li>2. Are identifications checked and wristbands issued? Yes or No</li> <li>3. Is the liquor confirmed to a set area? Yes or No</li> </ol>
<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%

## NOMINEE EVENT APPLICATION

<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:
	<b>TOTAL PREMIUM:</b>

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