NOMINEE EVENT APPLICATION

Instructions: Complete all sections of this form and email it, along with any vendor contracts or facility approvals, to risk@fullerton.edu at least 14 days prior to your event for review and coverage confirmation.

MEMBER INFORMATION

Member Name: Stephanie Colquett

Contact:

Phone Number: (657) 268-4484 Fax Number:

Email Address: scolquett@fullerton.edu

EVENT INFORMATION

Name/Type of Event:

Description of Event:

Date(s): Hour(s):

Location:

Attendance (per day): Ages of Attendees:

Participants (per day) Ages of Participants:

Waivers Signed? Yes ☐ No ☐

Are Fireworks Included? Yes ☐ No ☐

Are they providing their own insurance? Yes ☐ No ☐

Carnival Rides? Yes ☐ No ☐

Bands? Yes ☐ No ☐ How Many?

Names*:

Type of Music?

**if more than one please attach a separate page*

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ADDITIONAL INFORMATION

Additional Insureds:

Joint Sponsor(s):

Number of Exhibitors Requiring Coverage (No Sales)*:

Number of Concessionaires Requiring Coverage (Non Food Sales)*:

Number of Concessionaires Requiring Coverage (Food Sales)*:

**Please provide separate list of concessionaires / exhibitors to be covered*

Liquor Liability Needed? Yes ☐ No ☐

Are the securities in place to avoid overindulge and underage drinking? Yes ☐ No ☐

Are identifications checked and wristbands issued? Yes ☐ No ☐

Is the liquor confirmed to a set area? Yes ☐ No ☐

Increased Limit Options:

$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%

Property Damage :

$50,000 Limit Premium $54.00

$100,000 Limit Premium $108.00

$300,000 Limit Premium $256.00

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COMPANY USE ONLY:	
Hazard Group:	Attendance Premium:
Exhibitors Premium:	Concessionaires Premium:
Liquor Liability Premium:	Additional Insureds Premium:
Property Damage Premium:	Increase Limits Premium:
	TOTAL PREMIUM: