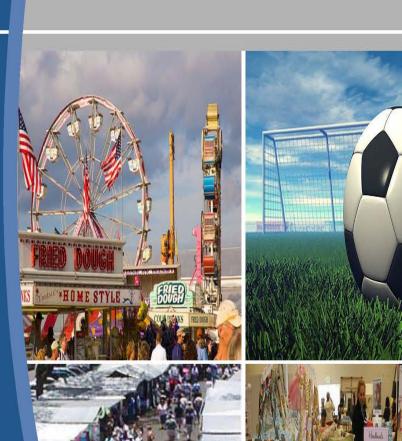




## Special Events Program 2016 – 2017 Program



Alliant Insurance Services, Inc.
Special Event
PO Box 6450
Newport Beach, CA 92658
Toll Free: 1-800-821-9283
sep@alliant.com
www.alliant.com



#### SPECIAL EVENT LIABILITY INSURANCE

#### **DEFINITIONS**

#### **Tenant/User Event**

A "Tenant/User Event" is an event that is held or sponsored by companies, organizations, or individuals that have been permitted to use your premises. Certificates are issued with the User of the facility as the Named Insured, and the Public Entity as the Additional Insured.

#### **Instructor/Recreation Event**

An "Instructor/Recreation Event" is an event that is instructional to its participants. Instructors are <u>not</u> employees of the public entity, but provide instructional services for a fee. (Note: Participant coverage requires signed waivers.)

#### **Nominee Event**

A "Nominee Event" is an event that is held or sponsored by you, the Public Entity, or by any department or division, thereof. Coverage can be expanded to cover co-sponsors if desired. This is not a self-rated program. All events must be approved and rated by the insurance company. Certificates are issued by Alliant Insurance Services, Inc. with the Public Entity as the Named Insured and the Property Owner (if other than the Public Entity) as the Additional Insured.

#### Concessionaire

A "Concessionaire" is a company, organization, or individual who is permitted to operate a small business, as selling food, newspapers, etc. on your premises as part of a large short-term event. These businesses can only be covered in conjunction with a covered event.

#### **Additional Insured**

An "Additional Insured" is a company, organization, entity, group or individual other than the Named Insured who is protected under the terms of the contract. The Public Entity whose facilities are being used is an Additional Insured on the coverage provided through the Special Event Liability Program.



### SPECIAL EVENT LIABILITY INSURANCE

## **EVENTS BETWEEN JANUARY 1, 2016 AND JANUARY 1, 2017**

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Specimen Policy Form is available upon request



#### SPECIAL EVENT LIABILITY INSURANCE

#### **GUIDELINES AND PROCEDURES**

The purpose of this manual is to provide an overview of the Special Event Liability Insurance Program (which includes the Tenant User Liability Program, the Instructor/Recreation Class Liability Program and the Nominee Program for Public Entity sponsored events), and it provides instructions as to how to implement coverage for these specific events.

Please note that additional certificates and reporting forms are provided separately for your use. Hence, you need not remove any material from this manual.

Should you have any questions or require assistance, please contact an associate at Alliant Insurance Services, Inc. at (800) 821-9283 or email us at sep@alliant.com.





## SPECIAL EVENT LIABILITY INSURANCE SUMMARY OF INSURANCE

**INSURED:** Participating Public Entities and their tenant users, of the Alliant

Insurance Services, Inc. Special Event Liability Program

**MAILING ADDRESS:** c/o Alliant Insurance Service, Inc.

> Special Event PO Box 6450

Newport Beach, CA 92658

**POLICY TERM:** January 1, 2016 to January 1, 2017

**CARRIER: Evanston Insurance Company** 

**A.M. BEST RATING:** A (Excellent); Financial Size Category XV (\$2 Billion or greater) as May

15, 2015

\$ 2,000,000 **LIMITS:** General Aggregate

> \$ 1,000,000 Products/Completed Operations Aggregate (Food

> > Products Only)

Personal and Advertising Injury \$ 1,000,000

\$ 1,000,000 Each Occurrence 100,000 Fire Damage 5,000 Medical Expense

All aggregates apply separately to each event

**COVERAGE:** Combined Single Limit of Liability for Bodily Injury and Property

Damage Per Occurrence and Aggregate as shown above. Coverage

includes:

Lessees, Instructors or Event Holder as Named Insured

"Primary & Non Contributory" wording as respects the Public Entity

Volunteer Employee's as Insured's

Entity or Venue Owner as Additional Insured

Premises and Products/Completed Operations Liability

Personal and Advertising Injury

Fire Damage and Medical Payments



## SPECIAL EVENT LIABILITY INSURANCE SUMMARY OF INSURANCE

(Subject to additional **Premium/Conditions**)

- OPTIONAL COVERAGE: Liquor Liability (With prior approval and payment of additional premium)
  - Athletic Participants included with underwriter's approval and signed waiver
  - Vendors, Exhibitors and Concessionaires (Included with payment of additional premium)
  - Increase limits to:
    - o \$1,000,000 per occurrence /\$3,000,000 general aggregate, or
    - o \$2,000,000 per occurrence /\$2,000,000 general aggregate
  - Property Damage
    - o \$50,000 with a Deductible of \$500
    - o \$100,000 with a Deductible of \$1,000

## **MAJOR EXCLUSIONS:**

(Including but not limited to)

- **Automobile Liability**
- Aircraft / Watercraft Liability
- **Property Damage to Entity Premises**
- Property of Others in the Care, Custody and Control of the Insured
- Workers' Compensation
- Collapse of Tents and Concert Limitations
- **Attendance Limitation Exclusion**
- **Outdoor Concerts Limitation Exclusion**
- Seating, Glass & Fixtures Exclusion
- Pyrotechnics & Explosives Exclusion
- Exclude Specific Performances (without prior company approval)
- Performer and Crew (no coverage for injury to or by performer or crew)
- Assault and Battery
- Terrorism
- **Punitive Damages**
- Unmanned Aircraft New

#### **EXCLUDED EVENTS:**

- Circus and Carnivals including Rides
- Mechanical Amusement Devices
- **Motorized Sporting Events**
- Tractor/Truck Pulls
- Boxing, Wrestling, Hockey, Contact Karate Events (including practice)
- Rodeos and Roping Events (including practice)
- Aircraft and Balloon Events
- **Professional Sporting Events**
- Pyrotechnical Uses / Fireworks Shows (does not apply to spectators)



## SPECIAL EVENT LIABILITY INSURANCE SUMMARY OF INSURANCE

**EXCLUDED EVENTS:** 

(Contd)

 Heavy Metal, Alternative Music, Hip-Hop and Rap Concerts (without prior underwriter approval)

• Moonbounces and Trampolines

• Veterinary Legal Liability (NO animals)

**DEDUCTIBLE:** None

**REPORTING:** Reporting Form and Certificates of Insurance to be submitted on a

Quarterly basis, together with premium payment. Report must be signed and returned event if no events for that quarter (see reporting section of

Manual)

**HAZARD** 

**SCHEDULES/RATES:** 

See following pages in this Manual

BROKER: ALLIANT INSURANCE SERVICES, INC.

**NEWPORT BEACH, CA** 

Rennetta Poncy, First Vice President Penny De Witt, AIS, Account Manger

THIS SUMMARY IS FOR INFORMATION PURPOSES ONLY AND DOES NOT AMEND, EXTEND OR ALTER THE POLICY IN ANY WAY. PLEASE REFER TO THE POLICY FORM FOR COMPLETE COVERAGE AND EXCLUSION INFORMATION.

Alliant embraces a policy of transparency with respect to its compensation from insurance transactions. Details on our compensation policy, including the types of income that Alliant may earn on a placement, are available on our website at <a href="www.alliantinsurance.com">www.alliantinsurance.com</a>. For a copy of our policy or for any inquiries regarding compensation issues pertaining to your account you may also contact us at: Alliant Insurance Services, Inc., Attention: General Counsel, 701 B Street, 6<sup>th</sup> Floor, San Diego, CA 92101.

Analyzing insurers' over-all performance and financial strength is a task that requires specialized skills and in-depth technical understanding of all aspects of insurance company finances and operations.

Insurance brokerages such as Alliant Insurance typically rely upon rating agencies for this type of market analysis. Both A.M. Best and Standard and Poor's have been industry leaders in this area for many decades, utilizing a combination of quantitative and qualitative analysis of the information available in formulating their ratings.

A.M. Best has an extensive database of nearly 6,000 Life/Health, Property Casualty and International companies. You can visit them at <a href="https://www.ambest.com">www.ambest.com</a>. For additional information regarding insurer financial strength ratings visit Standard and Poor's website at <a href="https://www.standardandpoors.com">www.standardandpoors.com</a>

To learn more about companies doing business in your State, please visit your State's Department of Insurance website

## SPECIAL EVENTS LIABILITY PROGRAM PROCEDURES FOR PROGRAM USE

- 1. Secure appropriate details of the Event/Class from the Lessee/Instructor
- 2. Classify the Event/Class in accordance with the Schedule of Hazard/Classifications
- 3. Based upon number of days of the Event/Class, Attendances, and Hazard Schedule, calculate the premium using the rate schedule
  - Note: Events that last for more than one day can be rated based upon the total attendance for all days
- 4. Collect the premium from the Lessee/Instructor. Checks should be made payable to the Public Entity. Payment can also be made by credit card. See the enclosed credit card form and follow the directions for payment
- 5. Issue a Certificate of Insurance to the lessee/instructor

#### **TO ISSUE CERTIFICATES (See Sample Form)**

- 1. Assign Certificate number (Example Certificate No. 1)
- 2. Include Public Entity name (see top right corner)
- 3. Complete Event Holder information in full, including the name and address of person/group using the facilities.
- 4. Include all information under "Event/Class Information" section
- 5. List name and address of any other Additional Insureds
- 6. Include the date that the certificate was issued (found at the bottom of the certificate)
- 7. Attach a Claim Reporting instruction sheet with each certificate given to each Event Holder

#### ORDER OF HANDLING CERTIFICATES

- Give the original certificate to the Event Holder. Send one copy to Alliant Insurance, with the quarterly report. Keep one copy with the permit and note certificate information on the reporting form
- Include only Owners, Lessors, or Managers of premises as Additional Insured's by typing their name(s) on the Certificate of Insurance
- If Vendors, Exhibitors or Concessionaires are to be included as an Additional Insured, attach a separate page listing the name, mailing address, phone number and contact person of all Vendors, Exhibitors and Concessionaires at the event
- IF AN EVENT IS CANCELLED: Request the return of the original certificate from the permit holder, and indicate on the quarterly report that the event was cancelled. If possible, include the original certificate with quarterly report

## SPECIAL EVENTS LIABILITY PROGRAM PROCEDURES FOR PROGRAM USE

(Continued)

#### 6. REPORTING PROCEDURES - PLEASE READ THIS SECTION CAREFULLY

- The Special Event reporting form should always be mailed to Alliant Insurance Services, by the 10th of the month following the end of each quarter together with copies of certificates issued during that quarter and a check, payable to Alliant Insurance Services for the total premium charged. If payment is received without the quarterly report and certificate(s) it will not constitute implied coverage. Payment will be held for 6 months pending the quarterly report and certificate(s) to be received. After this date the monies will be returned as no coverage was afforded. A signed report must be received even if no event(s) have occurred. Please just check the box on the reporting form that indicates you do not have any events for this period then sign, date and return the form to Alliant. If this deadline cannot be met, Alliant must be contacted
- Notice" to notify you that your "Reporting Form and Certificates" need to be in our office within 10 days. Notification will be sent via email or mail. If there is a change in your contact person it will be your responsibility to notify Alliant of that change or you may not receive the late notices. Alliant will not be held responsible if the notice is sent to the incorrect contact or it is not received. If we do not receive your quarterly report, we will determine that NO Special Event Insurance was sold for the quarter. Again, a signed and dated report is still required even if no event(s) occurred for this time period. No further notices will be sent to remind you and no insurance coverage will be available or provided for the quarter. We will not backdate or offer coverage for reports not turned into Alliant within the required timeframe. If this deadline cannot be met, Alliant must be contacted
- If you have not returned any quarterly reports for one year, you will be removed from the active membership list. You will be notified of this action via email or mail. To reactivate membership, you must contact Alliant Insurance Services

Please mail your reports, certificates and payments to the following address:

Alliant Insurance Services, Inc. Special Events PO Box 6450 Newport Beach, CA 92658

## SPECIAL EVENTS LIABILITY PROGRAM PROCEDURES FOR PROGRAM USE

#### 7. CLAIMS REPORTING

## PLEASE REPORT ANY INJURIES OR INCIDENTS WHICH OCCURRED DURING USE OF THE FACILITIES TO

ALLIANT INSURANCE SERVICES, INC. CLAIMS DEPT. 100 Pine Street 11<sup>th</sup> Floor San Francisco, CA 94111 (877) 725-7695 Toll Free Phone (415) 403-1466 Fax

The Claims Department will require all of the above information in order to properly file and process the claim:

- 1) Name of the Event Holder
- 2) Name of the Public Entity
- 3) Date of the occurrence
- 4) Copy of the certificate

#### 8. SPECIAL EVENTS WEBSITE

The website is now fully functional for all program users. If you have not received your Login information along with website access please contact Alliant Insurance Services, Inc. at (800) 821-9283 or email us at <a href="mailto:sep@alliant.com">sep@alliant.com</a>

## TENANT/USER PROGRAM HAZARD SCHEDULE

TENANT / USER EVENT	HAZ I	HAZ II	HAZ III	U/W* Approval Required	NO Participant Coverage
AEROBIC & JAZZERCISE CLASSES		X		•	Ü
ANIMAL ACTS / SHOWS			X		
ANIMAL TRAINING		X			
ANTIQUE SHOWS	X				
ART FESTIVALS / SHOWS	X				
AUCTIONS	X				
AUTO SHOWS (No Auto Coverage0	X				
AWARDS PRESENTATIONS	X				
BALLETS	X				
BANQUETS	X				
BAZAARS	X				
BEAUTY PAGEANTS	X				
BICYCLE RALLIES			X		X
BINGO GAMES	X				
BLOCK PARTIES / STREET CLOSURES (Excludes		X		X	
Bleachers)					
BOAT SHOWS	X				
BODY BUILDING CONTESTS	X				
BUSINESS MEETINGS / SHOWS	X				
CARNIVALS (NO Rides)			X	X	
CASINO & LOUNGE SHOWS (No Performer or Crew			X		
Coverage)					
CHAMBER OF COMMERCE EVENTS	X				
CHRISTMAS TREE LOTS / FARMS (No cut your own)		X			
CHARITY BENEFITS (Including Auctions / Sales)	X				
CINEMAS	X				
CIVIC CLUB MEETINGS	X				
COMEDY SHOWS (No Performer or Crew Coverage)			X		
CONCERTS (NO Hip/Hop, Rap, Heavy Metal)		-1	ı	1	
Classical Music	X				X
Indoors under 1,500	X				X
Symphony	X				X
Outdoors under 1,500		X			X
Rock under 5,000			X	X	X
Alternative under 1,500	1		X	X	X
CONSUMER SHOWS	X				
CONVENTIONS (Inside)	X				
CORPORATE EVENTS	1	X			
COUNTRY WESTERN EVENTS (NO Equine)	1		X		X
CRAFT SHOWS	X				

- Declination of Events could be due to the attendance size or level of performers
- Athletic Participant's coverage requires prior company approval and signed waiver(s)
- Liquor Legal Liability for Hazard Group II must be submitted for Underwriter Approval. See Page 16 for details

TENANT / USER EVENT	HAZ I	HAZ II	HAZ III	U/W* Approval Required	NO Participant Coverage
DANCE SHOWS (includes Rehearsals & Dancers)	X				
DANCES		X			
DEBUTANTE BALLS	X				
DEBUTS		X			
DINNER THEATERS (No Performer or Crew Coverage)	X				X
DOG SHOWS		X			
DRILL TEAM EXHIBITIONS / COMPETITIONS	X				
EDUCATIONAL EXHIBITIONS	X				
ELECTRONICS CONVENTIONS	X				
EVANGELISTIC MEETINGS (Revivals, etc)		X			
EXHIBITIONS / EXHIBITS (Inside)	X				
EXHIBITIONS / EXHIBITS (Outside)		X			
EXPOSITIONS (Inside)	X				
EXPOSITIONS (Outside)		X			
FASHION SHOWS	X				
FILM PRODUCTIONS			X	X	
FISHING EVENTS (Inside)	X				
FISHING EVENTS (Outside)		X			
FLOWER SHOWS	X				
FOOD CONCESSIONS		X			
GARDEN SHOWS	X				
GRAD NIGHT (University Only – NO High School)		X			
GRADUATION CEREMONY	X				
GYMNASTIC COMPETITIONS (No Participant Coverage)	X				X
HARVEST FESTIVALS	X				
HAUNTED HOUSES		X		X	
HEADS OF STATE EVENTS			X		
HOME / HOUSING SHOWS	X				
HORSE SHOWS		X			X
HOTEL SHOWS		X			
ICE SKATING SHOWS	X				X
INSTRUCTIONAL CLASSES (non-mechanical)	X				
JAM & JAZZ SESSIONS		X			
JOB FAIRS		X			
KIDDIELANDS (NO Rides)			X		

- Declination of Events could be due to the attendance size or level of performers
- Athletic Participant's coverage requires prior company approval and signed waiver(s)
- Liquor Legal Liability for Hazard Group II must be submitted for Underwriter Approval. See Page 16 for details

TENANT / USER EVENT	HAZ I	HAZ II	HAZ III	U/W* Approval Required	NO Participant Coverage
LADIES CLUB EVENTS	X				
LECTURES	X				
LIVE ENTERTAINMENT (No Performer or Crew			X		X
Coverage)					
LIVESTOCK SHOWS			X		
LUNCHEONS	X				
MARATHONS		X			
MARTIAL ARTS EVENTS (Non-Contact) No			X		X
Participant Coverage w/o Company Approval					
MEETING (Inside)	X				
MEETING (Outside)		X			
MOBILE HOME SHOWS	X				
MOTION PICTURE THEATERS	X				
MUSICALS (NO Rock)	X X			X	
NIGHT CLUB SHOWS (No Performer or Crew			X		
Coverage)					
OPERAS / OPERETTAS (No Performer or Crew	X				
Coverage)					
ORGANIZED SIGHTSEEING TOURS (No Auto	X				
Coverage)					
OVERNIGHT CAMPING	X				
PAGEANTS	X				
PARADES		X		X	
PARTIES / CELEBRATIONS – No Liquor	X				
PARTIES / CELEBRATIONS – With Liquor		X			
PETTING ZOOS (NO FEEDING- SURCHARGE MAY			X		
APPLY TO EXOTIC ANIMALS)					
PICNIC GROUNDS		•	•	•	•
Without Pools or Lakes	X				
With Pools or Lakes OVER 150 feet from Water		X			
(Excludes Swimming & Diving)					
With Pools or Lakes LESS THAN 150 feet from			X		
Water (Excludes Swimming & Diving)					
PLAYS (No Performer or Crew Coverage)	X				X
POLITICAL RALLIES		X		X	
PROMOTERS (Subject to Special Rating)			X	X	
PROMS	X				
PUMPKIN PATCHES / CORN MAZES	X				

- Declination of Events could be due to the attendance size or level of performers
- Athletic Participant's coverage requires prior company approval and signed waiver(s)
- Liquor Legal Liability for Hazard Group II must be submitted for Underwriter Approval. See Page 16 for details

	HAZ	HAZ	HAZ	U/W*	NO
TENANT / USER EVENT	I	II	III	Approval Required	Participant Coverage
RECITALS (MUSIC, DANCE, PIANO)	X				
RECREATIONAL EVENTS			X		
RELIGIOUS ASSEMBLIES (Church Services, Bible	X				
Study, etc) <b>DURATION OF TIME ONLY 6 WEEKS</b>					
REUNIONS		X			
RUMMAGE SALES		X			
RV SHOWS	X				
SCHOOL BANDS EXHIBITIONS / COMPETIONS		X			
SCOUTING JAMBOREES	X				
SÉANCES		X			
SEMINARS	X				
SIDEWALK SALES		X			
SKATING PARTY			X		X
SKI EVENTS / DEMOS			X		X
SPEAKING ENGAGEMENTS	X				
SOAP BOX DERBIES		X			
SOCIAL GATHERINGS (Indoors)	X				
SOCIAL GATHERINGS (Outdoors)		X			
SPORTING EVENTS		L		1	
Non-Professional (Indoors)					X
BASEBALL			X		X
BASKETBALL			X		X
SOFTBALL			X		X
SOCCER			X		X
TENNIS / HANDBALL / RACKETBALL COURTS			X		X
STATE & COUNTY FAIRS		X		X	
STREET FAIRS		X		X	
SWIMMING EVENTS (AGE INFORMATION			X		
REQUIRED) LIFEGUARD RATIO FOR AGES 0-12					
MUST BE 1 TO 4 AND AGES 12 & UP 1 TO 6					
TELECONFERENCES	X				
TELETHONS	X				
THEATRICAL ROAD SHOWS (No Performer or Crew			X		X
Coverage)					
THEATRICAL STAGE PERFORMANCES (No	X				X
Performer or Crew Coverage)					
TRADE SHOWS (Inside)	X				
TRADE SHOWS (Outside)		X			

- Declination of Events could be due to the attendance size or level of performers
- Athletic Participant's coverage requires prior company approval and signed waiver(s)
- Liquor Legal Liability for Hazard Group II must be submitted for Underwriter Approval. See Page 16 for detail

TENANT/USER EVENT	HAZ I	HAZ II	HAZ III	U/W* Approval Required	NO Participant Coverage
UNION MEETINGS			X		
VACATION SHOWS	X				
VOTER REGISTRATIONS		X			
WEDDINGS & RECEPTIONS	X				
WEDDING PHOTOGRAPHERS	X				
ZOOS (ACTUAL FACILITY)			X		

- Declination of Events could be due to the attendance size or level of performers
- Athletic Participant's coverage requires prior company approval and signed waiver(s)
- Liquor Legal Liability for Hazard Group II must be submitted for Underwriter Approval. See Page 16 for details

January 1, 2016 to January 1, 2017

#### **PREMIUMS:**

NOTE: Increase limits are available please see upcharge chart on page 14

HAZARD I				
ATTENDANCE	PREMIUM			
1-100	\$ 81.00			
101-500	\$ 113.00			
501-1500	\$ 169.00			
1501-3000	\$ 219.00			
3001-5000	\$ 332.00			
5000 +	To Be			
	Determine	d		

HAZARD II		HAZARD III		
ATTENDANCE	PREMIUM	ATTENDANCE	PREMIUM	
1-100	\$ 119.00	1-100	\$ 189.00	
101-500	\$ 207.00	101-500	\$ 332.00	
501-1500	\$ 245.00	501-1500	\$ 439.00	
1501-3000	\$ 408.00	1501-3000	\$ 690.00	
3001-5000	\$ 521.00	3001-5000	\$ 847.00	
5000 +	To Be	5000 +	To Be	
	Determined		Determined	

#### PREMIUMS ARE ONLY VALID FROM 1/1/16 TO 1/1/17

#### PREMIUMS INCLUDE ALL TAXES & FEES

#### PREMIUMS ARE APPLICABLE PER TOTAL ATTENDANCE.

#### FOR MULTIPLE DAYS:

- Total the attendance for all days of the event. Refer to premiums schedule and charge the premium corresponding to the **total attendance**. Events lasting over five days require **underwriting approval**. Please submit information to Alliant Insurance Services, Inc.
- Alcoholic Beverage premiums are to be <u>separately calculated for each day</u>. Liquor Legal Liability is included in the policy by separate endorsement
- Liquor Legal Liability for Hazard Groups II and III require underwriter approval. See Page 15 for details
- Multiple Day Events: List the Event days that are used exclusively for "setting up" or "taking down" on the Quarterly Report as a "set up" or "take down" day. These are considered insured days on the coverage certificate

January 1, 2016 to January 1, 2017

#### **AFTER MIDNIGHT EVENTS:**

- If the event extends beyond Midnight and ends before 2:00 AM the event is considered one day
- If an event **With Liquor** extends beyond Midnight and ends before 2:00 AM (excluding take down days) you can check the appropriate box on the certificate and add a 15% surcharge to the Liquor premium (Example: \$200.00 x 15% = \$230.00)
- If the event goes beyond 2:00 AM, an additional day will to be charged for the event and liquor

#### • Increase Limits Table

\$1,000,000 per occurrence /	\$2,000,000 per occurrence /
\$3,000,000 general aggregate	\$2,000,000 general aggregate
11% of total event premium	19% of total event premium

Example: Total event premium is \$220.93 increase limits requested is \$1,000,000 per occurrence and \$3,000,000 general aggregate. \$220.93 X 1.11 =\$245.23

Example: Total event premium is \$220.93 increase limits requested is \$2,000,000 per occurrence and \$2,000,000 general aggregate. \$220.93 X 1.19 =\$262.91

#### Property Damage

Amount	Deductible	Premium
\$50,000	None	\$50.00
\$100,000	None	\$100.00

January 1, 2016 to January 1, 2017

#### **EXHIBITORS AND CONCESSIONAIRE PREMIUMS:**

Exhibitors - No Sales	\$29.00	Per Day/Per Exhibitor
Concessionaires - Non Food Sales	\$39.00	Per Day/Per Concessionaire
Concessionaires - Food Sales	\$49.00	Per Day/Per Concessionaire

Premiums Include All Taxes & Fees

Exhibitors and Concessionaires coverage is only available in conjunction with a scheduled event.

### **LIQUOR LEGAL LIABILITY PREMIUMS:**

#### **HAZARD GROUP I ONLY:**

Alcoholic beverages **served** charge **\$60.00 premium for each day** of the event.

#### HAZARD GROUPS II AND III:

**Require prior company approval.** The premiums below are for quote purposes only

1-150	\$121
151-300	\$146
301-500	\$194
500 +	To Be Determined

Premium include all taxes and fees

Liquor Legal Liability coverage is only available in conjunction with a scheduled event

#### LIQUOR CHARGES AFTER MIDNIGHT EVENTS:

- If an event **With Liquor** extends beyond Midnight and ends before 2:00 AM (excluding take down days) you can check the appropriate box on the certificate and add a 15% surcharge to the Liquor premium (Example: \$194.00 x 15% = \$223.00)
- If the event goes beyond 2:00 AM an additional day will to be charged for the event and liquor

January 1, 2016 to January 1, 2017

## **EXAMPLES:** SAMPLE EVENT PREMIUM CALCULATION

#### ONE DAY EVENT RATING:

Weddings with 250 People:	Attendance Category:	Total Premium:				
Refer to Hazard Schedule I "Weddings &	101-500	\$113.00				
Receptions"						

#### MULTIPLE DAY EVENT RATING (Events of two or more consecutive days):

5 Day Dog Show with 100 People each day –	Attendance Category:	Total Premium:
Total Attendance 500:	101-500	\$207.00
Refer to Hazard Schedule II "Dog Shows"		\$207.00

### TWO DAY EVENT WITH LIQUOR:

2 Day Celebration with Liquor with 200 people	Attendance Category:	Total Premium:				
each day – Total Attendance 400:	101-500	\$207.00				
Refer to Hazard Schedule II "Parties /						
Celebrations With Liquor"						
1 Day set up and 1 day Tear down with 25						
people each day – New Total Attendance 450						
Liquor Premium applies for each day of the	Liquor Haz Group II	NEW Total Premium:				
event and requires approval – Attendance each	151-300	\$507.00				
day 200 ( $$150 \times 2 = $300$ ). Liquor Premium:						
\$300						

#### AFTER MIDNIGHT WITH LIQUOR:

If the last day of the actual event, excluding take down days, goes beyond "Midnight" but ends before 2:00AM you can check the appropriate box on the certificate and add a 15% surcharge to the Liquor premium (Example:  $$300.00 \times 15\% = $345.00$ ) If the event goes beyond 2:00 AM a third day needs to be charged for the event.

2 Day Celebration with Liquor – Extends	Attendance Category:	Total Premium:			
beyond 2:00 AM. Event is now 3 days with 150	101-500	\$245.00			
people each day – Total Attendance 450:					
Refer to Hazard Schedule II "Parties /					
Celebrations With Liquor"					
1 Day set up and 1 day Tear down with 10					
people each day – New Total Attendance 470					
Liquor Premium applies for each day of the	Liquor Haz Group II	NEW Total Premium:			
event and requires approval – Attendance each	1-150	\$620.00			
day 150 ( $$125 \times 3 = $375$ ). Liquor Premium:					
\$375					

# INSTRUCTOR / RECREATION CLASS HAZARD SCHEDULE AND PREMIUMS

January 1, 2016 to January 1, 2017

### HAZARD I - NON SPORT INSTRUCTION HAZARD II - SPORTS INSTRUCTION ONLY

INSTRUCTOR / RECREATION CLASS	HAZ I	HAZ II	U/W* Approval Required
ACADEMIC	X		
ACTING	X		
AEROBICS		X	
AQUATICS		X	
ARTS AND CRAFTS (Various)	X		
BALLET		X	
BASEBALL		X	
BASKETBALL		X	
BEAUTY	X		
BOWLING		X	
BOXING / YOUTH		X	
BREATHING	X		
CALLIGRAPHY	X		
CARD GAME (Various)	X		
CHEERLEADING		X	
CHESS	X		
CLUB MEETINGS	X		
COINS	X		
COOKING	X		
CPR – ADULT /CHILD / INFANT & FIRST AID	X		
DANCE (Various)		X	
DOG OBEDIENCE	X		
FENCING		X	
GOLF		X	
GYMNASTICS		X	
HEALTH & FITNESS (Non Sport)	X		
HOCKEY		X	
JAZZ	X		
LANGUAGE	X		
MARTIAL ARTS		X	
MODELING	X		
MUSIC	X		
PAINTING	X		
PHOTOGRAPHY	X		
PRESCHOOL / DAYCARE	X		
READING	X		
ROWING		X	
SELF DEFENSE		X	
SELF IMPROVEMENT	X		
SEWING	X		
SKATING		X	
STAMPS	X	-	
SWIMMING		X	

## INSTRUCTOR / RECREATION CLASS HAZARD SCHEDULE AND PREMIUMS

## January 1, 2016 to January 1, 2017

INSTRUCTOR / RECREATION CLASS	HAZ I	HAZ II	U/W* Approval Required
TAI CHI		X	
TAP		X	
TAPPERCIZE		X	
TEE-BALL		X	
TENNIS		X	
VARIOUS INSTRUCTIONAL CLASSES	X		
VOLLEYBALL		X	
WEIGHTLIFTING (Machines Only)		X	
YOGA		X	

#### **PREMIUMS:**

	1-125 Attendance	126+ Attendance
<b>HAZARD I</b> – Non Sport Instruction	\$49 Flat Rate	To Be Determined
HAZARD II – Sport Instruction Only	\$97 Flat Rate	To Be Determined

#### PREMIUMS ARE ONLY VALID FROM 1/1/16 TO 1/1/17

## ATTENDANCE OVER 126 REQUIRES COMPANY APPROVAL & AN ADDITIONAL CHARGE

#### PREMIUMS INCLUDE ALL TAXES & FEES.

## PREMIUMS ARE APPLICABLE PER TOTAL CLASS ATTENDANCE REGARDLESS OF HOW MANY DAYS / WEEKS OF INSTRUCTION

PARTICIPANT COVERAGE – IF APPROVED – REQUIRES SIGNED WAIVERS

#### **DEFINITIONS:**

**SAME STUDENTS:** SAME PEOPLE ATTENDING ALL OF THE CLASS DATES FOR THE LENGTH OF THE SESSION

**DIFFERENT STUDENTS:** DIFFERENT PEOPLE ATTENDING EACH CLASS DATE FOR THE LENGTH OF THE SEESION

#### SEE EXAMPLE BELOW

# INSTRUCTOR / RECREATION CLASS HAZARD SCHEDULE AND PREMIUMS

## January 1, 2016 to January 1, 2017

### **EXAMPLE:**

Music classes: One 8 week session with the	Attendance Category:	Total Premium:				
<b>same</b> students in attendance (10) for all 8 weeks	1-125	\$49.00 Flat Fee				
Total is 10						
Music Classes: One 8 week session with	Attendance Category:	Total Premium:				
<b>different</b> students for each week (10)	1-125	\$49.00 Flat Fee				
Total is 80						
Music classes: One 8 week session with the	Attendance Category:	Total Premium:				
<b>same</b> students in attendance (10) for all 8 weeks	1-125	\$49.00 Flat Fee				
Second 8 week session <b>new</b> students (10) total						
20 students for the two 8 week sessions						
Total is 20						
Music classes: 8 week session with <b>different</b>	Attendance Category:	Total Premium:				
students in attendance (10 per class) for all 8	1-125	\$49.00 Flat Fee				
weeks. Total is 80						
Two 8 week sessions <b>different</b> students (10 per	Attendance Category:	Total Premium:				
each class) total 80 per week 8 week session	126-250	\$73.00				
Total for both sessions is 160						

## NOMINEE PROGRAM / ENTITY SPONSORED EVENTS January 1, 2016 to January 1, 2017

#### THIS IS A LIST OF ENTITY SPONSORED EVENTS THAT MAY BE COVERED.

## ALL EVENTS MUST BE SUBMITTED TO ALLIANT INSURANCE SERVICES, INC. FOR APPROVAL AND RATING.

NOMINEE EVENT	HAZ I	HAZ II
ARCADES		X
ART SHOW / EXHIBITS	X	
AWARDS PRESENTATIONS	X	
/ CEREMONIES		
BALLETS	X	
BANQUETS	X	
BASEBALL		X
BASKETBALL		X
BEAUTY PAGEANTS	X	
CARNIVALS (No Rides)		X
CRAFT SHOWS	X	
DANCE SHOWS		X
DANCES & PARTIES		X
DEBUTS	X	
FAIRS & FESTIVALS		X
FUND RAISERS	X	
GRADUATIONS	X	_
GYMNASTICS		X

NOMINEE EVENT	HAZ I	HAZ II
HANDBALL		X
JOB FAIRS	X	
LECTURES	X	
MEETINGS	X	
PARADES (Under 1,000		X
Spectators)		
PICNICS		X
PROMS		X
RECITALS	X	
REUIONS	X	
SIDEWALK SALES	X	
SOCIAL RECEPITONS	X	
SOFTBALL		X
SWAP MEETS/ RUMMAGE	X	
SALES		
SYMPHONY CONCERTS		X
TENNIS COMPETITIONS		X
THEATRICAL PLAYS/MOVIES	X	

Premiums quoted will include all taxes and fees

Below is a list of some information that may be required to underwrite your Nominee Event:

- Event Name
- Date(s)
- Hours
- Nature of Event
- Location of Event
- Additional Insured's If Any

- Attendance and Ages
- Joint Sponsor(s) if Any
- Is Liquor Coverage Needed
- Will there be Concessionaires
- Will there be Fire Works
- Will there be Carnival Rides

#### NOMINEE - ACCIDENTAL DEATH & DISMEMBERMENT LIMITS

Accidental Death & Dismemberment Benefit	\$ 5,000	Max Amount
Accident Medical Expense Excess Benefit	\$ 25,000	Max Amount
Aggregate Limit (Per Event)	\$250,000	Per Accident
Deductible	\$ 50	
Maximum Period	26 Weeks	

### SPECIAL EVENT REPORTING FORM FOR QUARTER: January 1, 2016 to March 31, 2016

		member	1/1/16 12:01 A.M.	Standard time	this and area	mont fo	was n	ant of I	Dollow '	No C	FD/10	20				
			1/1/10 12:01 A.W. 1/1/17, Issued to Spe		•	ment it	rins p	art of F	oncy	110. 5	CP410	120				
	ogram Type		Certificate Holder /Event Holder Name	Dates of Event/Class	Type of Event	j ≥ {	Н аz	Ba Sic Pr	ļ		l Optional arged <b>Per</b>	Premium Day	ıS			
Tenant/User	Instructor	Certificate Number		(Including "Set Up" and "Take Down")					Alcohol	Additional Insureds	Concessionaires Food Sales	Concessionaires Non-Food Sales	Exhibitors No Sales	Incl AD &D	Total Premium	Paid by Credit Card to Alliant
			this report period is hereby and understood that coverag				itional l	TOTAL PR  Premiun  Compan	ı, less a			payme	ents of \$		, is	\$
<u>If you c</u>	lo not	have any e	vents for this period please o	heck here: 🔲 T	Then sign and da	te form :	and reti	urn to Al	liant as	indica	ited bel	<u>ow.</u>				
			of insurance issued for the p		PHONE:										Insurance	Service

Inc., Special Events, P.O. Box 6450, Newport Beach, CA 92658 Email Address is: SEP@Alliantinsurance.com

<sup>\*</sup>Athletic Participant Coverage Subject to Underwriter Approval and Signed Waivers.

**CERTIFICATE NO.:** -

## CERTIFICATE OF INSURANCE EXCLUDES COVERAGE FOR NOMINEE EVENTS SEE SEPARATE APPLICATION FOR NOMINEE EVENTS SPECIAL EVENT LIABILITY PROGRAM

PRODUCER:	PUBLIC ENTITY (ADDITIONAL INSURED)		
Alliant Insurance Services, Inc.			
P. O. Box 28323 Santa Ana, CA 92799-8323			
(949) 660-8163			
License No: OC 36861			
NAMED INSURED (EVENT HOLDER):	EVENT INFORMATION:		
, , , , , , , , , , , , , , , , , , ,	Description of Event:		
	DATE(S):		
	LOCATION:  *Liquor Liability Yes No No		
	**Liquor Liability after 12 am ends before 2 am		
This is to certify that the policies of insurance listed below have be	en issued to the insured named above for the policy period		
indicated. Notwithstanding any requirements, terms or conditions	of any contract or other document with respect to which this		
certificate may be issued or may pertain, the insurance afforded by exclusions and conditions of such policies. Limits shown may have	the policies described herein is subject to all the terms,		
INSURANCE CARRIER: Evanston Insurance Company	e been reduced by paid claims.		
MASTER POLICY NUMBER: SEP41020			
MASTER POLICY DATES: EFFECTIVE: JANUARY 1, 2016 EXPIRATION: JANUARY 1, 2017			
	NCE FORM DEDUCTIBLE: NONE		
General Aggregate Limit \$ 2,000,000 Products & Completed Operations 1,000,000			
Personal & Advertising Injury 1,000,000			
Each Occurrence Limit 100,000 Fire Damage (Any One Fire) 50,000			
Medical Payments (Any One Person) 5,000			
Liquor Liability (If purchased) 1,000,000  Optional Limits (If Purchased)			
\$1,000,000/\$3,000,000 \$2,000,000/\$2,000,000			
\$2,000,000/\$2,000,000  Property Damage (If Purchased)			
\$50,000 Deductible \$500 \$100,000 Deductible \$1,000			
The limits of insurance apply separately to each event insured by this policy as if a s	separate policy of insurance has been issued for that event		
"Who is insured" is amended to include, as an insured, the person or organizat	ion shown in this schedule, but only with respect to liability arising out of		
the ownership, maintenance or use of the premises used by the named insured takes place after the event holder ceases to be a tenant in that premises.	(event holder). This insurance does not apply to: Any "occurrence" which		
OTHER ADDITIO	NAL INSUREDS		
CANCELLATION. Should the should described as live be asset that if a	institute data thereof the invites common will will 20 day with a set of		
CANCELLATION: Should the above described policy be cancelled before the exp	iration date thereof, the issuing company will mail 30 days written notice to the		
Certificate Holder and Additional Insured's listed.			
ALITHODIZED DEDDECENTATIVE			
AUTHORIZED REPRESENTATIVE: ————————————————————————————————————			
DATE ISSUED: (Enter the date you issued this Certificate)			

### RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

I, _	LAST,	FIRST,	MIDDLE	fully	understand	that	my	participation	in	the
			(he	reinafte	r "event/class	") expo	oses me	e to the risk of	f pers	onal
inju	ry, death	or proper	ty damage.	hereby	acknowledge	e that I	am vo	luntarily partic	ipatin	ıg in
this	event/cla	ss and agr	ee to assume	any sucl	n risks.					
I he	reby relea	ase, discha	rge and agree	not to s	sue*		for	any injury,	death	ı or
dam	age to or	loss of pe	ersonal proper	ty arisir	ng out of, or i	n conne	ection v	with, my partic	ipatic	n in
the e	event/clas	ss from wh	natever cause,	includii	ng the active	or passi	ve negl	ligence of	*	
or a	ny other j	participant	s in the event	/class.						
In c	onsiderat	ion for bei	ing permitted	to parti	cipate in the	event/c	lass, I l	hereby agree, fo	or my	self,
my	heirs, ac	dministrato	ors, executors	s and a	ssigns, that	I shall	indem	nify and hold	harm	ıless
	*		_ from any	and all	claims, dema	nds act	ions or	suits arising or	ut of o	or in
coni	nection w	ith my par	ticipation in t	he even	t/class.					
I H	AVE CA	REFULL	Y READ TH	IS REL	EASE, HOL	D HAI	RMLES	SS AND AGR	EEMI	ENT
NO	T TO SU	E AND FU	JLLY UNDE	RSTAN	D ITS CONT	ENTS.	I AM	AWARE THA	TIT	IS A
FUI	LL RELE	ASE OF A	ALL LIABILI	TY AN	D SIGN IT O	N MY	OWN I	FREE WILL.		
Date	e: <b>(</b>		<del>)</del>		Sign	ature				
					Pare	nt/Gua	rdian if	under age 18		

SPECIAL NOTE: This form is a sample for your information only. This specific form is not required, although a similar Liability Waiver form is required, according to your State requirements. If you have a similar form already in use, please feel free to continue using

<sup>\*</sup> Insert name of Event Holder/Instructor and Entity



### NOMINEE EVENT APPLICATION

Please fax the completed form attn: Special Events at (619) 699-0902 or email to **sep@alliant.com**. **Please send at least 10 days in advance of the event**. If you do not receive a completed proposal within 48 hours, please call Special Events Desk at (800) 821-9283 for status. (An email version of this form is also available upon request)

**MEMBER INFORMATION** 

Member Name:			
Contact:	$\bigcirc$		
Phone Number:	Fax Number:		
Email Address:			
	ODIA TYON		
EVENT INFO	DRMATION		
Name/Type of Event:			
Description of Event:			
Date(s):	Hour(s):		
Location:			
Attendance (per day):	Ages of Attendees:		
Number of participants (If sports related)			
Ages of participants:	Will Waivers be signed?		
Are Fireworks Included?	Carnival Rides?		
Bands?	How Many?		
Names*:			
Type of Music?			
*if more than one please	attach a separate page		



## NOMINEE EVENT APPLICATION

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?			
Increase Limit Requested:			
□ \$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 Premium \$50.00			
\$100,000 Premium \$100.00			

COMPANY USE ONLY:	
Hazard Group:	Attendance Premium:
Exhibitors Premium:	Concessionaires Premium:
Liquor Liability Premium:	Additional Insureds Premium:
AD&D Premium:	Increase Limit Premium:
	TOTAL PREMIUM:



## TENANT/USER and INSTRUCTOR APPLICATION

If event requires underwriter approval please allow 10 days (if possible) prior to event date. If insufficient time is not allowed possible decline on coverage could occur. Contact us by fax at (619) 699-0902 or email us at sep@alliantinsurance.com

**EVENT HOLDER INFORMATION** 

Name:			
Address:			
Phone Number:	Fax Number:		
Email Address:	<b>4</b> )		
TENANT/USER EVI	ENT INFORMATION		
Name/Type of Event (15 <sup>TH</sup> Birthday Party, Anniversary Party, Meeting, Dance, Job Fair, etc.)			
	•		
Description of Event:			
Date(s):	Hour(s):		
	• /		
Location:			
Attendance (Per Day):	Total Attendance for Event:		
Ages of Attendees:	Swimming Events Ages brackets required 0-3, 4-8, 9-12, 12-15		
	and 15-18		
Number of participants if sports related			
Ages of participants:	Will Waivers be signed?		
Are Fireworks Included?	Carnival Rides?		
Bands?	How Many?		
Names*:			
Type of Music?			
*if more than one please attach a separate page			



### TENANT/USER and INSTRUCTOR APPLICATION

TENANT/USER EVENT - ADDITIONAL INFORMATION		
Additional Insureds:		
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?		

INSTRUCTOR CLASS INFORMATION			
Description of Instructional Class:			
Date(s):	Hour(s):		
Location:			
Attendance (Per Class Per Day):	Total Attendance for Event:		
Ages of Attendees:	Same students each class? Yes No		

## **Increase Limit Requested:**

□ \$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 Premium \$50.00

\$100,000 Premium \$100.00

## EVANSTON INSURANCE COMPANY

PAYMENT OPTIONS		
Credit Card (see separate form)	Cash / Check (Payable to Public Entity)	
ENTITY USE – PREMIUM CALCULAT		
Hazard Group:	Attendance Premium:	
Exhibitors Premium:	Concessionaires Premium:	
Liquor Liability Premium:	AD&D Premium:	
Increase Limit Premium:		
TOTAL PREMIUM:		

## **SPECIAL EVENTS PROGRAM**

## CREDIT CARD PAYMENT AUTHORIZATION

<b>Event Information</b>	
Event Name	
Event Name	
Event Date(s):	
Public Entity Name:	
Event Premium:	\$ Event Premium must match Credit Card Total below
Payment Information	
Type of Credit Card:	Master Card Visa
Credit Card Number:	
Expiration Date:	(MM/DD/YY)
Name on Credit Card:	Please print legibly
Company Name:	
Individual Name:	Last:
marviduai ivame.	First:
Billing Address:	Thist.
City, State, Zip:	
City, State, Zip.	
Credit Card Total:	\$ Credit Card Total must match Event Premium above
Cardholder Signature:	
Date:	
	nowledges receipt of goods and/or services in the amount of the Total shown hereon to perform the obligations set forth in the cardholder's agreement with the issuer.
and agrees	to perturn the obligations set form in the cardiforder's agreement with the issuer.
Refund Policy:	All transactions on this program are non-refundable as full payment is
•	required prior to the event
Fax completed info	rmation to: 619-699-0902 / email to sep@alliantinsurance.com