



Special Events Program  
2012-2013 Program Year



## 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 not 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, 2012 AND JANUARY 1, 2013**

**TABLE OF CONTENTS**

	<u>Page</u>
Introduction.....	1
Program Summary .....	2-4
Procedures for Program Use.....	5-6
Procedures for Program Use – Claims Reporting.....	7
Procedures for Program Use – Website .....	7
Tenant User Hazard Classification Schedule.....	8-12
Tenant User Premium Schedule .....	13-16
Instructor/Recreation Class Hazard Classification Schedule.....	17
Instructor/Recreation Class Rating Schedule .....	18
Entity Sponsored (Nominee) Program.....	19
Sample Program Forms.....	20-27
Accident Medical Coverage.....	28-29
Credit Card Payment Option Form.....	30

**APPENDIX**

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@alliantinsurance.com](mailto:sep@alliantinsurance.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, 2012 to January 1, 2013

**CARRIER:** Evanston Insurance Company

**A.M. BEST RATING:** A (Excellent); Financial Size Category XIV (\$1.50 Billion to \$2.00 Billion) *as September 7, 2011*

**LIMITS:**

\$ 2,000,000	General Aggregate
\$ 1,000,000	Products/Completed Operations Aggregate (Food Products Only)
\$ 1,000,000	Personal and Advertising Injury
\$ 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**

- OPTIONAL COVERAGE:** (Subject to additional Premium/Conditions)
- 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)
  - \$1,000,000 per occurrence /\$3,000,000 general aggregate
  - \$2,000,000 per occurrence /\$2,000,000 general aggregate
  -
- 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
- 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)
  - Heavy Metal, Alternative Music, Hip-Hop and Rap Concerts (without prior underwriter approval)
  - Moonbounces and Trampolines
  - Veterinary Legal Liability (NO animals)



## **SPECIAL EVENT LIABILITY INSURANCE SUMMARY OF INSURANCE**

- 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, Vice President  
Cj Webberley, ARM-P, AIS, AINS, ACS, Assistant Vice President  
Penny De Witt, AIS, Assistant 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 [www.alliantinsurance.com](http://www.alliantinsurance.com). 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 [www.ambest.com](http://www.ambest.com). For additional information regarding insurer financial strength ratings visit Standard and Poor's website at [www.standardandpoors.com](http://www.standardandpoors.com)

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**

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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

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(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**
  
- If we do not receive your quarterly report by its due date, we will send a “Late 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**

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### **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 [sep@alliantinsurance.com](mailto:sep@alliantinsurance.com)**

## TENANT/USER PROGRAM HAZARD SCHEDULE

(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)

TENANT / USER EVENT	HAZ I	HAZ II	HAZ III	U/W* Approval Required	NO Participant Coverage
AEROBIC & JAZZERCISE CLASSES		X			
ANIMAL ACTS / SHOWS			X		
ANIMAL TRAINING		X			
ANTIQUA SHOWS	X				
ART FESTIVALS / SHOWS	X				
AUCTIONS	X				
AUTO SHOWS (No Auto Coverage)	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 Bleachers)		X		X	
BOAT SHOWS	X				
BODY BUILDING CONTESTS	X				
BUSINESS MEETINGS / SHOWS	X				
CARNIVALS (NO Rides)			X	X	
CASINO & LOUNGE SHOWS (No Performer or Crew Coverage)			X		
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)					
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			X	X	X
CONSUMER SHOWS	X				
CONVENTIONS (Inside)	X				
CORPORATE EVENTS		X			
COUNTRY WESTERN EVENTS (NO Equine)			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 PROGRAM HAZARD SCHEDULE (Continued)

(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)

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 PROGRAM  
HAZARD SCHEDULE (Continued)**

(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)

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 Coverage)			X		X
LIVESTOCK SHOWS			X		
LUNCHEONS	X				
MARATHONS		X			
MARTIAL ARTS EVENTS (Non-Contact) No Participant Coverage w/o Company Approval			X		X
MEETING (Inside)	X				
MEETING (Outside)		X			
MOBILE HOME SHOWS	X				
MOTION PICTURE THEATERS	X				
MUSICALS (NO Rock)	X			X	
NIGHT CLUB SHOWS (No Performer or Crew Coverage)			X		
OPERAS / OPERETTAS (No Performer or Crew Coverage)	X				
ORGANIZED SIGHTSEEING TOURS (No Auto Coverage)	X				
OVERNIGHT CAMPING	X				
PAGEANTS	X				
PARADES		X		X	
PARTIES / CELEBRATIONS – No Liquor	X				
PARTIES / CELEBRATIONS – With Liquor		X			
PETTING ZOOS (NO FEEDING- SURCHARGE MAY APPLY TO EXOTIC ANIMALS)			X		
PICNIC GROUNDS					
Without Pools or Lakes	X				
With Pools or Lakes OVER 150 feet from Water (Excludes Swimming & Diving)		X			
With Pools or Lakes LESS THAN 150 feet from Water (Excludes Swimming & Diving)			X		
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

**TENANT/USER PROGRAM  
HAZARD SCHEDULE (Continued)**

(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)

TENANT / USER EVENT	HAZ I	HAZ II	HAZ III	U/W* Approval Required	NO Participant Coverage
RECITALS (MUSIC, DANCE, PIANO)	X				
RECREATIONAL EVENTS			X		
RELIGIOUS ASSEMBLIES (Church Services, Bible Study, etc) <b>DURATION OF TIME ONLY 6 WEEKS</b>	X				
REUNIONS		X			
RUMMAGE SALES		X			
RV SHOWS	X				
SCHOOL BANDS EXHIBITIONS / COMPETITIONS		X			
SCOUTING JAMBOREES	X				
SEANCES		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					
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 REQUIRED) LIFEGUARD RATIO FOR AGES 0-12 MUST BE 1 TO 4 AND AGES 12 & UP 1 TO 6			X		
TELECONFERENCES	X				
TELETHONS	X				
THEATRICAL ROAD SHOWS (No Performer or Crew Coverage)			X		X
THEATRICAL STAGE PERFORMANCES (No Performer or Crew Coverage)	X				X
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 PROGRAM  
HAZARD SCHEDULE (Continued)**

(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)

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**

**TENANT USER EVENT PREMIUMS**  
**January 1, 2012 to January 1, 2013**

**PREMIUMS:**

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

<b>HAZARD I</b>	
ATTENDANCE	PREMIUM
1-100	\$ 83.32
101-500	\$ 116.15
501-1500	\$ 174.22
1501-3000	\$ 225.98
3001-5000	\$ 342.13
5000 +	To Be Determined

<b>Including Accident Medical Premium (see benefit info page)</b>			
\$ 5,000.00	\$ 10,000.00	\$ 15,000.00	\$ 20,000.00
\$ 98.32	\$ 107.32	\$ 116.47	\$ 128.32
\$ 138.65	\$ 152.15	\$ 165.90	\$ 183.65
\$ 204.22	\$ 222.22	\$ 240.52	\$ 264.22
\$ 264.98	\$ 288.48	\$ 312.18	\$ 342.98
\$ 402.13	\$ 438.13	\$ 474.73	\$ 522.13
To Be Determined	To Be Determined	To Be Determined	To Be Determined

<b>HAZARD II</b>	
ATTENDANCE	PREMIUM
1-100	\$ 122.46
101-500	\$ 213.36
501-1500	\$ 252.50
1501-3000	\$ 420.41
3001-5000	\$ 536.56
5000 +	To Be Determined

<b>Including Accident Medical Premium (see benefit info page)</b>			
\$ 5,000.00	\$10,000.00	\$ 15,000.00	\$20,000.00
\$ 159.96	\$ 182.46	\$ 205.36	\$ 234.96
\$ 269.61	\$ 303.36	\$ 337.66	\$ 382.11
\$ 327.50	\$ 372.50	\$ 418.25	\$ 477.50
\$ 517.91	\$ 576.41	\$ 635.91	\$ 712.91
\$ 686.56	\$ 776.56	\$ 868.06	\$ 986.56
To Be Determined	To Be Determined	To Be Determined	To Be Determined

<b>HAZARD III</b>	
ATTENDANCE	PREMIUM
1-100	\$ 194.42
101-500	\$ 342.13
501-1500	\$ 451.97
1501-3000	\$ 710.78
3001-5000	\$ 872.38
5000 +	To Be Determined

<b>Including Accident Medical Premium (see benefit info page)</b>			
\$ 5,000.00	\$ 10,000.00	\$ 15,000.00	\$ 20,000.00
\$ 278.92	\$ 329.67	\$ 381.17	\$ 447.92
\$ 468.63	\$ 544.63	\$ 621.68	\$ 721.63
\$ 620.72	\$ 721.97	\$ 824.92	\$ 958.22
\$ 930.28	\$ 1,062.03	\$ 1,195.88	\$ 1,369.28
\$ 1,209.88	\$ 1,412.38	\$ 1,618.28	\$ 1,884.88
To Be Determined	To Be Determined	To Be Determined	To Be Determined

**PREMIUMS ARE ONLY VALID FROM 1/1/12 TO 1/1/13**

**PREMIUMS INCLUDE ALL TAXES & FEES**

**PREMIUMS ARE APPLICABLE PER TOTAL ATTENDANCE.**

**Accident Medical Premiums Exclude Sports / Athletic Participants & Performers**

**(Please Contact Alliant for Special Rating, if Available)**

## TENANT USER EVENT PREMIUMS

January 1, 2012 to January 1, 2013

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### 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 separately calculated for each day**. 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

### 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 (NEW)**

\$1,000,000 per occurrence / \$3,000,000 general aggregate	\$2,000,000 per occurrence / \$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.  $220.93 \times 1.11 = \$245.23$

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

## TENANT USER EVENT PREMIUMS

January 1, 2012 to January 1, 2013

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### EXHIBITORS AND CONCESSIONAIRE PREMIUMS:

Exhibitors - No Sales	\$30.00	Per Day/Per Exhibitor
Concessionaires - Non Food Sales	\$40.00	Per Day/Per Concessionaire
Concessionaires - Food Sales	\$50.00	Per Day/Per Concessionaire

Premiums Include All Taxes & Fees

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

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### 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	\$125
151-300	\$150
301-500	\$200
500 +	To Be Determined

Premium include all taxes and fees

Accident Medical Liquor Rate is 20% of Premium subject to a \$25 Minimum Premium

**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: \$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**

**TENANT USER EVENT PREMIUMS**  
**January 1, 2012 to January 1, 2013**

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

**ONE DAY EVENT RATING:**

Weddings with 250 People: Refer to Hazard Schedule I “Weddings & Receptions”	Attendance Category: 101-500	Total Premium: \$116.15
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**MULTIPLE DAY EVENT RATING (Events of two or more consecutive days):**

5 Day Dog Show with 100 People each day – Total Attendance 500: Refer to Hazard Schedule II “Dog Shows”	Attendance Category: 101-500	Total Premium: \$213.36
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**TWO DAY EVENT WITH LIQUOR:**

2 Day Celebration with Liquor with 200 people each day – Total Attendance 400: 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	Attendance Category: 101-500	Total Premium: \$213.36
Liquor Premium applies for each day of the event and requires approval – Attendance each day 200 (\$150 x 2 = \$300). Liquor Premium: \$300	Liquor Haz Group II 151-300	NEW Total Premium: \$513.36

**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 x 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 beyond 2:00 AM. Event is now 3 days with 150 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	Attendance Category: 101-500	Total Premium: \$252.50
Liquor Premium applies for each day of the event and requires approval – Attendance each day 150 (\$125 x 3 = \$375). Liquor Premium: \$375	Liquor Haz Group II 1-150	NEW Total Premium: \$627.50

**INSTRUCTOR / RECREATION CLASS HAZARD SCHEDULE  
AND PREMIUMS  
January 1, 2012 to January 1, 2013**

**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	X
STAMPS	X		
SWIMMING		X	X

**INSTRUCTOR / RECREATION CLASS HAZARD SCHEDULE  
AND PREMIUMS  
January 1, 2012 to January 1, 2013**

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:**

	<b>1-125 Attendance</b>	<b>126+ Attendance</b>
<b>HAZARD I</b> – Non Sport Instruction	\$50 Flat Rate	To Be Determined
<b>HAZARD II</b> – Sport Instruction Only	\$100 Flat Rate	To Be Determined

**PREMIUMS ARE ONLY VALID FROM 1/1/12 TO 1/1/13**

**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**

**NOMINEE PROGRAM / ENTITY SPONSORED EVENTS**  
**January 1, 2012 to January 1, 2013**

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**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	NOMINEE EVENT	HAZ I	HAZ II
ARCADES		X	HANDBALL		X
ART SHOW / EXHIBITS	X		JOB FAIRS	X	
AWARDS PRESENTATIONS / CEREMONIES	X		LECTURES	X	
BALLETS	X		MEETINGS	X	
BANQUETS	X		PARADES (Under 1,000 Spectators)		X
BASEBALL		X	PICNICS		X
BASKETBALL		X	PROMS		X
BEAUTY PAGEANTS	X		RECITALS	X	
CARNIVALS (No Rides)		X	REUIONS	X	
CRAFT SHOWS	X		SIDEWALK SALES	X	
DANCE SHOWS		X	SOCIAL RECEPITONS	X	
DANCES & PARTIES		X	SOFTBALL		X
DEBUTS	X		SWAP MEETS / RUMMAGE SALES	X	
FAIRS & FESTIVALS		X	SYMPHONY CONCERTS		X
FUND RAISERS	X		TENNIS COMPETITIONS		X
GRADUATIONS	X		THEATRICAL PLAYS/MOVIES	X	
GYMNASTICS		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                    | • Attendance and Ages           |
| • Date(s)                       | • Joint Sponsor(s) if Any       |
| • Hours                         | • Is Liquor Coverage Needed     |
| • Nature of Event               | • Will there be Concessionaires |
| • Location of Event             | • Will there be Fire Works      |
| • Additional Insured's - If Any | • 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, 2012 to March 31, 2012**

**Due by April 10, 2012**

**Individual member** \_\_\_\_\_

**Effective on or after** 1/1/12 **12:01 A.M. Standard time, this endorsement forms part of Policy No.** 12SEP1000001

**Expiration Date** 1/1/13, **Issued to** Special Event Program

Program Type		Certificate Holder /Event Holder Name	Dates of Event/Class (Including "Set Up" and "Take Down")	Type of Event	U/ W	H az	Ba sic Pr	Additional Optional Premiums Charged Per Day					Incl AD & D	Total Premium	Paid by Credit Card to Alliant
Tenant/User	Instructor							Alcohol	Additional Insureds	Concessionaires Food Sales	Concessionaires Non-Food Sales	Exhibitors No Sales			
TOTAL PREMIUM FOR THIS PAGE															

The Total Premium for this report period is hereby declared to be \$ \_\_\_\_\_ . The total Additional Premium, less any credit card payments of \$ \_\_\_\_\_ , is \$ \_\_\_\_\_ . It is hereby agreed and understood that coverage is not afforded for any event not declared to the Company.

If you do not have any events for this period please check here:  Then sign and date form and return to Alliant as indicated below.

SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

Copies of all certificates of insurance issued for the period must be attached to this report if not issued on line. Email or Mail Report, Certificates and Payment to: Alliant Insurance Services, Inc., Special Events, P.O. Box 6450, Newport Beach, CA 92658 Email Address is: [SEP@Alliantinsurance.com](mailto:SEP@Alliantinsurance.com)

\*Athletic Participant Coverage Subject to Underwriter Approval and Signed Waivers.

EVANSTON INSURANCE COMPANY

CERTIFICATE NO.: -

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

<b>PRODUCER:</b> Alliant Insurance Services, Inc. P. O. Box 28323 Santa Ana, CA 92799-8323 (949) 660-8163 License No: OC 36861	<b>PUBLIC ENTITY (ADDITIONAL INSURED)</b>	
<b>NAMED INSURED (EVENT HOLDER):</b>	<b>EVENT INFORMATION:</b> Description of Event: _____ DATE(S): _____ LOCATION: _____ *Liquor Liability Yes <input type="checkbox"/> No <input type="checkbox"/> **Liquor Liability after 12 am ends before 2 am <input type="checkbox"/>	
<p>This is to certify that the policies of insurance listed below have been 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 the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.</p> <p><b>INSURANCE CARRIER:</b> Evanston Insurance Company</p> <p><b>MASTER POLICY NUMBER:</b> 12SEP1000001</p> <p><b>MASTER POLICY DATES: EFFECTIVE:</b> JANUARY 1, 2012    <b>EXPIRATION:</b> JANUARY 1, 2013</p>		
<b>COMMERCIAL GENERAL LIABILITY</b> General Aggregate Limit            \$ 2,000,000 Products & Completed Operations    1,000,000 Personal & Advertising Injury        1,000,000 Each Occurrence Limit                1,000,000 Fire Damage (Any One Fire)            50,000 Medical Payments (Any One Person)    5,000 Liquor Liability (If purchased)        1,000,000	<b>OCCURRENCE FORM</b>	<b>DEDUCTIBLE: NONE</b>
<p>The limits of insurance apply separately to each event insured by this policy as if a separate policy of insurance has been issued for that event.</p> <p>“Who is insured” is amended to include, as an insured, the person or organization 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 (event holder). This insurance does not apply to: Any “occurrence” which takes place after the event holder ceases to be a tenant in that premises.</p>		
<b>OTHER ADDITIONAL INSUREDS</b>		
<p><b>CANCELLATION:</b> Should the above described policy be cancelled before the expiration date thereof, the issuing company will mail 30 days written notice to the Certificate Holder and Additional Insured's listed.</p>		

**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 \_\_\_\_\_ (hereinafter "event/class") exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to assume any such risks.

I hereby release, discharge and agree not to sue \_\_\_\_\_\* for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of \_\_\_\_\_\* or any other participants in the event/class.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless \_\_\_\_\_\* from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian if under age 18

\* Insert name of Event Holder/Instructor and Entity

**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 it.**

## NOMINEE EVENT APPLICATION

Please fax the completed form attn: Special Events at (619) 699-0902 or email to [sep@alliantinsurance.com](mailto:sep@alliantinsurance.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:

Phone Number:

Fax Number:

Email Address:

### EVENT INFORMATION

Name/Type of Event:

Description of Event:

Date(s):

Hour(s):

Location:

Attendance (per day):

Ages of Attendees:

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)*:
<i>*Please provide separate list of concessionaires / exhibitors to be covered</i>
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%

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



## 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](mailto:sep@alliantinsurance.com)

### EVENT HOLDER INFORMATION

Name:

Address:

Phone Number:

Fax Number:

Email Address:

### TENANT/USER EVENT 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:

Swimming Events

Ages of Attendees:

Ages brackets required 0-3, 4-8, 9-12, 12-15 and 15-18

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
<p>Additional Insureds:</p> <p>Number of Exhibitors Requiring Coverage (No Sales)*:</p> <p>Number of Concessionaires Requiring Coverage (Non Food Sales)*:</p> <p>Number of Concessionaires Requiring Coverage (Food Sales)*:</p> <p style="text-align: center; font-size: small;"><i>*Please provide separate list of concessionaires / exhibitors to be covered</i></p> <p>Liquor Liability Needed?</p>

TENANT/USER ACCIDENT MEDICAL RATES & PREMIUM Excludes Sports / Athletic Participants & Performers (call for quote)			
\$5,000 Accident Medical Expense with \$1,000 AD&D			
Attendance	Class I	Class II	Class III
1 – 100	15.00	37.50	84.50
101 – 500	22.50	56.25	126.50
501 – 1,500	30.00	75.00	168.75
1,501 – 3,000	39.00	97.50	219.50
3,001 – 5,000	60.00	150.00	337.50
\$10,000 Accident Medical Expense with \$1,000 AD&D			
Attendance	Class I	Class II	Class III
1 – 100	24.00	60.00	135.25
101 – 500	36.00	90.00	202.50
501 – 1,500	48.00	120.00	270.00
1,501 – 3,000	62.50	156.00	351.25
3,001 – 5,000	96.00	240.00	540.00
\$15,000 Accident Medical Expense with \$1,000 AD&D			
Attendance	Class I	Class II	Class III
1 – 100	33.15	82.90	186.75
101 – 500	49.75	124.30	279.55
501 – 1,500	66.30	165.75	372.95
1,501 – 3,000	86.20	215.50	485.10
3,001 – 5,000	132.60	331.50	745.90

EVANSTON INSURANCE COMPANY

**TENANT/USER ACCIDENT MEDICAL RATES & PREMIUM**  
**Excludes Sports / Athletic Participants & Performers (call for quote)**

<b>\$20,000 Accident Medical Expense with \$1,000 AD&amp;D</b>			
Attendance	Class I	Class II	Class III
1 – 100	45.00	112.50	253.50
101 – 500	67.50	168.75	379.50
501 – 1,500	90.00	225.00	506.25
1,501 – 3,000	117.00	292.50	658.50
3,001 – 5,000	180.00	450.00	1012.50

**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%

**PAYMENT OPTIONS**

\_\_\_\_\_ Credit Card (see separate form)      \_\_\_\_\_ Cash / Check (Payable to Public Entity)

**ENTITY USE – PREMIUM CALCULATION:**

Hazard Group:	Attendance Premium:
Exhibitors Premium:	Concessionaires Premium:
Liquor Liability Premium:	AD&D Premium:
Increase Limit Premium:	
<b>TOTAL PREMIUM:</b>	

## SPECIAL EVENT PROGRAM

### TENANT/USER & INSTRUCTOR/RECREATIONAL CLASS ACCIDENT MEDICAL COVERAGE

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The excess Accident Medical coverage is designed to cover related injury costs which exceed the limits of the \$5,000 Medical Payment on general liability policy in the Special Event Program. The coverage is underwritten by Chartis Insurance Company.

There is a \$5,000 Accidental Death and Dismemberment included with the coverage.

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#### PROCEDURES FOR:

##### Excess Accident Medical Coverage

- Select the Tenant / User or Instructor/ Recreational application that corresponds with the coverage you have selected in the Program (Applications are included in the Manual)
- Complete the Risk Information section of the application
- Complete the Event Information section of the application
- Select the coverage desired by circling the premium on the application that corresponds with the coverage you have selected in the Program
- Submit the application to Alliant for processing along with your quarterly bordereau
- The application(s) show the rates and limits to be selected

**NOTE:** This excess coverage excludes Sports / Athletic Participants and Performers. This coverage can be written separately as noted below.

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##### Participants / Performers AD&D & Accident Medical Coverage

This coverage can be written, subject to underwriting approval, as outlined below:

- Complete the Chartis (AIG) Special Risk Questionnaire and attach any required documentation as requested (Application included in the Manual)
- **Submit the application to Alliant for processing 1 week prior to the beginning of the event as underwriting approval is required**

Subject to a \$250.00 minimum premium

## SPECIAL EVENT PROGRAM

### TENANT/USER & INSTRUCTOR/RECREATIONAL CLASS ACCIDENT MEDICAL COVERAGE

---

The Excess Accident Medical Coverage is designed to cover related injury costs which exceed the limits of the \$5,000 Medical Payment on the General Liability Policy in the Special Event Program for participating Public Entities and their Tenant Users for Nominee Events Only. The coverage is underwritten by National Union Fire Insurance Company (AIG).

**ELIGIBILITY:** All participants and Spectators of the Policyholder from whom premium has been paid

**COVERAGE:** While participating in Policyholder sponsored and sanctioned event(s) in the United States and on file with the Company. Travel to and from said events is excluded

<b>BENEFITS &amp; LIMITS / PRINCIPAL SUM:</b>	Accidental Death & Dismemberment Benefit	\$ 5,000	Maximum Amount
	Accident Medical Expense Excess Benefit	\$25,000	Maximum Amount
	Deductible	\$50	
	Maximum Period	26 Weeks	

**AGGREGATE LIMIT:** \$250,000 per accident per event

**AGE REDUCTION  
SCHEDULE:** The amount payable for a loss will be reduced for covered persons age 70 or older on the date of the accident causing the loss, according to the following schedule:

Reduction Age	Maximum % of the Principal Sum
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

**PREMIUM / RATE:** Is based on attendance and is quoted on all Nominee events.

**APPLICATION:** Quoted off the Nominee Event Application

**LIQUOR RATES:** 20% of event premium subject to a \$25 minimum premium per day

# SPECIAL EVENTS PROGRAM

## CREDIT CARD PAYMENT AUTHORIZATION

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### Event Information

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:   
First:

Billing Address:

City, State, Zip:

Credit Card Total: \$  Credit Card Total must match Event Premium above

Cardholder Signature:

Date:

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the cardholder'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 information to: 619-699-0902 / email to [sep@alliantinsurance.com](mailto:sep@alliantinsurance.com)**