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: |  |

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*

Total Attendance for Event: Swimming Events

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

and 15-18

Location:

Attendance **(Per Day**): Ages of Attendees:

Hour(s):

Description of Event:

Date(s):

Name/Type of Event (15TH Birthday Party, Anniversary Party, Meeting, Dance, Job Fair, etc.)

**TENANT/USER EVENT INFORMATION**

1. What securities are in place to avoid overindulgence and underage drinking?
2. Are identifications checked and wristbands issued?
3. Is this in a fence area?

If yes please complete the following questions

Liquor Liability Needed?

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*

**TENANT/USER EVENT - ADDITIONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **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

Cash / Check (Payable to Public Entity)

Credit Card (see separate form)

**PAYMENT OPTIONS**

|  |  |
| --- | --- |
| **ENTITY USE – PREMIUM CALCULATION:** | |
| Hazard Group: | Attendance Premium: |
| Exhibitors Premium: | Concessionaires Premium: |
| Liquor Liability Premium: | Property Damage Premium: |
| Increase Limit Premium: |  |
| **TOTAL PREMIUM:** |  |