

Special Event Insurance - Pre-quote Questionnaire

Name of your alumni association: _____

Will application be for an individual or an organization? Individual Organization

Name of Individual/Organization: _____

Address for Individual/Organization: _____

Phone: _____ E-mail: _____

Applicant is (check one): Event Holder Concessionaire, Exhibitor or Vendor

Will there be any Concessionaires, Exhibitors or Vendors attending or participating in the event? Yes No

If "Yes" to the above question, will the applicant require that all Concessionaires, Exhibitors and Vendors name the applicant as an Additional Insured on a \$1,000,000 Commercial General Liability insurance policy? Yes No

EVENT INFORMATION

Describe Event: _____

Start Date: _____ Start Time: _____

Maximum Daily Attendance: _____ Total Attendance: _____

Total # of days event will be open: _____ Stop date: _____

Will alcohol be served or be available for consumption at the event? Yes No

Will applicant receive any proceeds from the sale of alcohol? Yes No

Is a donation expected or an admission charge required to attend the event? Yes No

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FACILITY INFORMATION

Name of Facility: _____

Address: _____

COVERAGES*

Limit of Liability Required (check one):

- \$1,000,000/\$2,000,000 Per Occurrence/ Annual Aggregate
 \$500,000/\$1,000,000 Per Occurrence / Annual Aggregate

Care Custody Control (3rd Party Property Damage) Liability Coverage: \$50,000 \$100,000

Damage to Premises Limit: \$100,000 \$75,000 \$50,000

Medical Payments Coverage: None \$1,000 \$2,500 \$5,000

Collapse of Temporary Structure Liability Coverage: Yes No

Contractual Liability Coverage: Yes No

Hired and Non-Owner Automobile Liability Coverage: Yes No

Waiver of Subrogation Coverage: Yes No

Liquor Liability Coverage: Yes No

Additional Insureds. Total number of additional insureds: _____

** Please refer to page 3 for a brief description of each coverage item to help you determine your needs.*

Please return completed forms via fax to 973-635-7578
ATTN: Special Event Insurance

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EXPLANATION OF COVERAGES

These explanations of coverage are for illustrative purposes to help you complete the Pre-Quote Questionnaire and do not represent exact policy language.

Limit of Liability – The amount that the insurance company will pay per occurrence and overall for a covered bodily injury or property damage occurring while the policy is in effect. Check your Facility Rental Agreement to see how much liability coverage is required.

Care Custody and Control – Insurance coverage to provide liability protection should you damage another person's property which is under your care, custody and control.

Damage to Premises – Insurance coverage to provide liability protection to the facility caused by a fire for which you may be held liable.

Medical Payments – Insurance coverage that pays medical expenses for bodily injury caused by an accident at the facility.

Collapse of Temporary Structure Liability – Liability protection for the collapse of temporary structures such as tents or temporary grandstands.

Contractual Liability – Insurance coverage to provide liability protection for the additional liability exposure you have assumed in a contract such as a Facility Rental Agreement. Check the Facility Rental Agreement to see if Contractual Liability coverage is required.

Hired and Non-Owned Automobile Liability – Insurance coverage to provide liability protection for loss resulting from the use of another person's auto on your behalf.

Waiver of Subrogation – this endorsement modifies the Subrogation Section of the policy to the benefit of the facility. Check the Facility Rental Agreement to see if Waiver of Subrogation is required.