Please return the completed document to:

Riverside County - Risk Management Division

EMail - RiskManagement@rivco.org

Fax - (951) 955-5862

Please call the Riverside County Risk Management Division at (951) 955-3540 with any questions.

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| **EVENT HOLDER INFORMATION** | |
| Name: | |
| Address: | |
|  | |
| Phone Number: | Fax Number: |
| Email Address: | |
| **TENANT/USER EVENT INFORMATION** | |
| Name/Type of Event (15TH Birthday Party, Anniversary Party, Meeting, Dance, Job Fair, etc.) | |
|  | |
| Description of Event: | |
| Date(s): | Hour(s): |
| Location: | |
| Attendance **(Per Day**):  Ages of Attendees:  Participants **(Per Day**): | Total Attendance for Event:  Will waivers be signed? Yes No  Ages of Participants: |
|  |  |
| Are Fireworks Included? | Carnival Rides? |
| Are They Providing Their Own Insurance?  Bands? | How Many? |
| Names\*: | |
| Type of Music? | |
| *\*if more than one please attach a separate page* | |

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| **TENANT/USER EVENT - 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?  Are the securities in place to avoid overindulge and underage drinking? Yes No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are identifications checked and wristbands issued? Yes No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the liquor confirmed to a set area? Yes No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **INSTRUCTOR CLASS INFORMATION** | |
| Description of Instructional Class: | |
|  | |
| Date(s): | Hour(s): |
| Location: | |
| Attendance **(Per Class Per Day**):  Are these in weekly sessions? Yes | Same attendance per day:  No |
| Ages of Attendees: |  |

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| **OPTIONAL COVERAGES** |
| **Limit Increase**        $1,000,000/$3,000,000 Total Event premium will be increased by 11%        $2,000,000/$2,000,000 Total Event premium will be increased by 19%  **Property Damage:**        $50,000 Limit Premium $50.00        $100,000 Limit Premium $100.00        $300,000 Limit Premium $250.00 |

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

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