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 NoAges 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:       |