

## Please quote Special Event Liability Insurance for my Event.

### Event Information

1. Name & Type of Event: \_\_\_\_\_
2. Name of Facility \_\_\_\_\_  
(name of place where event is being held)
3. Event Location \_\_\_\_\_  
City: Carson State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. List each date the Event will be held, expected attendance and event duration each day. Include event set up and take down days. Indicate if alcoholic beverage is sold or served for each day. Attach a separate page if necessary. If the time goes past midnight, be sure to include the new day and the hours.

Date	Event Hours		Attendance (Expected)	Alcoholic Beverages				Hours when Alcoholic Beverages are served or sold	
	Start	End		Served		Sold		Start	End
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

5. If concert, will dancing be permitted? ☐ Yes ☐ No
6. Do you expect any celebrities or highly public individuals to attend or participate in your event?  
Yes ☐ No

If yes, please list the individuals and classify the individual entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc.

Individual

Class of Celebrity or Public Figure

8. For all Events, please indicate the expected age range of the attendees.

☐ 13 and under    ☐ 24 - 29    ☐ 40 - 49    ☐ 60 and over  
☐ 14 - 23    ☐ 30 - 39    ☐ 50 - 59

9. Will your Event have overnight stay or lodging? ☐ Yes ☐ No  
If yes, lodging is arranged by: ☐ Event Holder ☐ Attendees

10. Is your Event indoor, outdoors or both?

☐ Indoor  
☐ Outdoor

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Exhibit No. 3

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☐ Both

12. If event is outdoors, does the facility have permanent lighting? ☐ Yes ☐ No
13. The Event is: ☐ Open to the Public ☐ Private Group ☐ Personal Invitation Only
14. Will you sell tickets to attend the Event? ☐ Yes ☐ No

15. If yes,

1. How many tickets do you expect to sell? \_\_\_\_\_

2. What is the expected total receipts from ticket sales? \_\_\_\_\_

3. What is the price per admission ticket? \_\_\_\_\_

4. Tickets are: ☐ Pre-sold Only ☐ Sold only at the door ☐ Both

16. Do you expect to receive donations to attend this Event? ☐ Yes ☐ No

17. Seating at the Event is: ☐ Assigned Seating ☐ Open Seating  
☐ Bring Your Own Seating ☐ Grandstands or Bleachers

18. Will the Event have security? ☐ Yes ☐ No

If yes, show type of security and list number of security personnel.

Type of Security & # of Security Personnel

Type of Security	#	Type of Security	#
<input type="checkbox"/> Facility Security		<input type="checkbox"/> Private Security Co.	
<input type="checkbox"/> Private Security-Not employees of a Security Co.		<input type="checkbox"/> Police or Sheriff	
<input type="checkbox"/> Peer Group or Ushers		<input type="checkbox"/> Employees of Event Holder	
<input type="checkbox"/> Parent Chaperones		<input type="checkbox"/> Volunteers	

19. Security will be: ☐ Armed ☐ Unarmed # of Persons: 1

20. Is the Event being advertised or promoted? ☐ Yes ☐ No If yes, how? (Include all methods)

Television ☐ Yes ☐ No Radio ☐ Yes ☐ No

News Paper ☐ Yes ☐ No Brochure ☐ Yes ☐ No

Handout or Announcement ☐ Yes ☐ No Billboard ☐ Yes ☐ No

Poster ☐ Yes ☐ No Other ☐ Yes ☐ No

Event Web site ☐ Yes ☐ No

Describe \_\_\_\_\_

cl.carson.ca.us

Website address

21a. Will alcoholic beverages be served? ☐ Yes ☐ No If yes,

1) Will you charge a fee or collect a ticket? ☐ Yes ☐ No

2) Do people pay to attend? ☐ Yes ☐ No

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3) Do you receive a donation?

☐ Yes

☐ No

21b. Type of Alcoholic Beverage: ☐ Beer ☐ Wine or Champagne ☐ Mixed Drinks or Full Bar

21c. Estimated sales receipts for Alcoholic Beverages \_\_\_\_\_

22. Do you have a caterer or vendor serve or sell the alcoholic beverage?

☐ Yes ☐ No

If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance? ☐ Yes ☐ No

23. How many different locations at the Event will alcoholic beverage be served or sold? \_\_\_\_\_

24. Are you required to obtain or have a liquor license for your Event?

☐ Yes ☐ No

25. What management practices do you have in place to monitor and control the consumption of alcoholic beverages?

☐ Yes ☐ No

Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted.

☐ Yes ☐ No

Everyone must show identification to receive an alcoholic beverage.

☐ Yes ☐ No

Individuals over the legal drinking age receive a wristband or other form of identification.

☐ Yes ☐ No

There is a limit of two servings provided to any one individual per visit to the concession.

☐ Yes ☐ No

Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated.

☐ Yes ☐ No

The concession or bar is closed at least one hour prior to the end of the Event.

26. Does your Event include any athletic or recreational activity? ☐ Yes ☒ No

If yes, list each activity, the date of the activity and the number of participants each day.

<u>Date</u>	<u>Activity</u>	<u># of Participants</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

27. Will your Event have music? ☐ Yes ☐ No

If yes, what type of music? ☐ Live Music ☐ Disc Jockey ☐ Stereo/CD Player

28. What type of music will be played? Indicate all types, which will be played.

☐ 1950's/1960's  
☐ Acid Rock  
☐ Alternative  
☐ Big Band  
☐ Blues  
☐ Bubblegum  
☐ Classical  
☐ Country Soul

☐ Folk  
☐ Funk  
☐ Goth  
☐ Goth Metal  
☐ Hard Rock  
☐ Heavy Metal  
☐ Hip Hop  
☐ Industrial

☐ Punk  
☐ Rap  
☐ Rave  
☐ Reggae  
☐ Rockabilly  
☐ Ska  
☐ Soft Rock  
☐ Soul

- ☐ Country & Western  
☐ Death Rock  
☐ Disco  
☐ Ethnic or Foreign Culture

- ☐ Jazz  
☐ New Wave  
☐ Pop  
☐ Psychedelic

- ☐ Symphony  
☐ Techno  
☐ Other

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 Describe

29. Does the Event include any of the following activities? If yes, describe the activity on a separate page.

- |                              |  |   |
|------------------------------|--|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Inflatable Activities (please provide a list of each Inflatable Activity)       |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Animals or Animal Acts  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Climbing Wall   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Horseback Riding or use of Horses   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Skate Board Activities  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Roller Blade or Roller Skate Activities   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Bicycle or Unicycle Activities  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Watercraft Activities or Use  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Use or Demonstration with Guns  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Use or Demonstration with Fire  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Use or Demonstration with Chemicals   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Providing Medical or Chiropractic Information or Care                           |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Any Construction or Demolition Work   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Any use of Scaffolding or Elevated Platform more than 4 feet above ground level |

If yes, please explain:

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30. Does the Event include any of the following? **Claims arising out of each is excluded under this insurance policy.**

- |                              |  |  |
|------------------------------|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Aircraft, Balloon Ride or Gliders  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | All Terrain Boarding   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Base Jumping   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Bouldering   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Boxing, Wrestling, Hockey, Contact Karate or Martial Arts, Football, Lacrosse or Rugby           |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Bungee Jumping   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Circus Acts or Carnival Rides  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Concerts exceeding 6 hours of performance time   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Concert or Dance with Mosh Pit   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Diving, Platform Diving or Spring Board Diving   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Hang Gliding   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Kayaking, Rafting or Canoeing  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Mechanical Amusement Ride  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Motorized Sporting Equipment   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Mountain Biking  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Power Boats  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Professional Sporting Activity; Games, Races or Contest of a professional nature with cash prize |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Pyrotechnics, Fireworks, Explosives, Black Powder  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Rap, Heavy Metal or Rock Concert   |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Rock Climbing  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Rodeo and Roping Events (including practice)   |

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- |                              |                             |                         |
|------------------------------|-----------------------------|-------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skin Diving             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Scuba Diving            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sky Diving              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tractor Pull/Truck Pull |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trampoline              |

31. Have you held this Event or a similar Event in past years? ☐ Yes ☐ No

If yes, please list all claims arising during the past five years from the Event. ☒ None

Date of Claim	Claimant	Description	Paid to Date	Total Expected

32. Do you require that any vendors or Event service providers provide Certificates of Insurance and name you and the property owner as Additional Insureds?

☐ Yes ☐ No

If yes, provide a copy of the Certificate of Insurance from the vendors or service providers from whom you have received Certificates and Additional Insured Endorsements.

33. Do you have an Emergency Evacuation Plan? ☐ Yes ☐ No

If yes, explain how Event Management and Event Attendees are notified.

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34. Will there be Medical Personnel present at the Event? ☐ Yes ☐ No If yes, identify the number of:

Doctors	_____	EMT/EMS	_____
Paramedics	_____	Other	_____
Nurses	_____		_____

35. Is there an Ambulance on site? ☐ Yes ☒ No