

## University of California - Event Liability (non-UC Parties) Insurance Application

Phone: 866-838-9536

E-mail: [plsdsteam.service@getamba.com](mailto:plsdsteam.service@getamba.com)

Please complete all fields, any incomplete applications will be returned.

This insurance applies to events located only on property owned by the University of California.

Campus Name: \_\_\_\_\_

Contact Person (Billing):

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Applicant Name (name desired on the Certificate of Insurance):

Website: \_\_\_\_\_

1. If the event is any of the following, is it of a political nature? Yes  No

All events of a political nature are not eligible for this coverage. Please contact us at 1-866-838-9536 for assistance.

Conference, Convention, Lecture, Rally, Seminar, Speaking Engagement or Symposium.

2. Applicant Type: Individual  Partnership  Corporation  Association  Other  \_\_\_\_\_

a. If a business entity, provide the number of years this entity has been in business: \_\_\_\_\_

3. Select one (also see a-f below): Event Host/Organizer  Entertainer/Performer  Exhibitor/Vendor

a. If event Host/Organizer, are you also an Entertainer/Performer at the event(s)? Yes  No

b. If event Host/Organizer, are you also an Exhibitor/Vendor at the event(s)? Yes  No

c. If Entertainer/Performer, then provide # of Performers (i.e. a band is 1 performer) \_\_\_\_\_

d. If Entertainer/Performer, then provide # of Promoters \_\_\_\_\_

e. If Entertainer/Performer, then provide # of Performances \_\_\_\_\_

f. If Exhibitor/Vendor, provide the # of tables/booths \_\_\_\_\_

4. Have any claims been filed against the Applicant in the last four (4) years? Yes  No

If "Yes", provide claims details below (i.e. month, year, short description, amount paid).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Date(s) of Event(s): \_\_\_\_\_

6. Location of Event(s):

Provide the name of the venue location and the street address below as it should appear on the Certificate of Insurance.

a. Location Name: \_\_\_\_\_

b. Street Address 1: \_\_\_\_\_

c. Street Address 2: \_\_\_\_\_

d. City: \_\_\_\_\_

e. State: \_\_\_\_\_

f. Zip Code: \_\_\_\_\_

7. Are you required to provide proof of insurance to anyone other than the venue location provided above?

Yes  No

If "Yes", provide the name of the Certificate Holder and the street address below as it should appear on the Certificate of Insurance. This is an entity that requires a copy of the Certificate of Insurance for proof of coverage.

- a. Additional Location Name: \_\_\_\_\_
- b. Street Address 1: \_\_\_\_\_
- c. Street Address 2: \_\_\_\_\_
- d. City: \_\_\_\_\_
- e. State: \_\_\_\_\_
- f. Zip Code: \_\_\_\_\_

8. Does an Additional Insured need to be listed on the Certificate? Yes  No

Policy coverage is extended to this entity/individual upon request. This requires review by our underwriting team which may take 3-5 business days; for more immediate requests, please call us at 1-866-838-9536, Monday-Friday, 8am-5pm (CT). The University of California will automatically be added as an Additional Insured with your Certificate.

a. If yes, is any special verbiage required on the Certificate by the Additional Insured? Yes  No   
If yes, provide specific verbiage or specific requirements below if requested.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide the name of the Additional Insured as it should appear on the Certificate of Insurance and the street address.

- b. Additional Location Name: \_\_\_\_\_
- c. Street Address 1: \_\_\_\_\_
- d. Street Address 2: \_\_\_\_\_
- e. City: \_\_\_\_\_
- f. State: \_\_\_\_\_
- g. Zip Code: \_\_\_\_\_

9. Total Estimated # of Attendees/Spectators: \_\_\_\_\_

10. Complete description of event(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Will security be present for the event? Yes  No

If "Yes", please answer questions a-c; otherwise, skip to the next question.

a. Provide the total number, armed and unarmed, for each type of security service that will be used.

If an outside agency, a Certificate of Insurance is required naming the host/event organizer and University of California as Additional Insured's with Limits of Liability equal to or greater than \$1,000,000 per occurrence and \$2,000,000 aggregate limits.

i. Campus Security/Police: Total Armed \_\_\_\_\_ Total Unarmed \_\_\_\_\_  None  
Times/Dates Present \_\_\_\_\_

ii. Outside Agency: Total Armed \_\_\_\_\_ Total Unarmed \_\_\_\_\_  None  
Agency Name: \_\_\_\_\_  
Times/Dates Present \_\_\_\_\_

iii. Local Police: Total count \_\_\_\_\_  None  
Times/Dates Present \_\_\_\_\_

All events with outside agency security or police require further underwriting review which may take up to 7-10 days.

b. Will local authorities be made aware of the event? Yes  No

c. Who is paying for/providing the security services? \_\_\_\_\_

12. Are minors (under age 18) participating in the event? Yes  No

*If "Yes", please answer the questions below. If "No", go to the next question.*

- a. Number of minors? \_\_\_\_\_
- b. Number of chaperones? \_\_\_\_\_

13. Is this an overnight event or camp? Event  Camp  Not Applicable

*If yes, please provide proof that the Campus Risk Office has acknowledged the event and answer the questions below.*

**All overnight events/camps with minors require further underwriting review which may take up to 7-10 days.**

- a. Where will the minors stay overnight? \_\_\_\_\_
- b. Will there be chaperones? Yes  No 
  - i. Will background checks be done on all chaperones? Yes  No
  - ii. Will any chaperones stay at the same location as the minors overnight? Yes  No
- c. What training is required for chaperones (state 'none' if applicable)? \_\_\_\_\_

14. Is this an athletic/sporting activity: Yes  No

*If "Yes", please answer questions a-e; if "No", skip to the next question:*

- a. Do you want coverage for players/participants/campers? Yes  No
- b. If yes, provide the number of players/participants/campers: \_\_\_\_\_
- c. Do all players/participants/campers have the required Accident Medical Insurance of at least \$10,000? Yes  No
- d. Have all player/participants/campers signed the required waivers? Yes  No
- e. Is this a Day Camp? Yes  No

*All sports players/participants must have Accident Medical coverage in place and signed waivers. Failure to have both requirements will mean that each claim for Participants Legal Liability is subject to a \$10,000 deductible. Accident Medical applications are available on the University's CampusConnexions website or by calling AMBA at 1-866-838-9536.*

15. Is alcohol being served? Yes  No

- a. Will an outside Vendor be used for serving? Yes  No
- b. Estimated cost of liquor being served. \_\_\_\_\_

*If an outside Vendor, who is not on the Campus' Approved Vendor list, is serving alcohol, a Certificate of Insurance is required naming the event host/organizer and University of California as Additional Insured's with Limits of Liability equal to or greater than \$1,000,000 per occurrence and \$2,000,000 aggregate limits.*

16. Is Liquor Liability Insurance needed? Yes  No

**If "Yes", further underwriting review is required which may take up to 7-10 days.**

*If you are charging for liquor at the event, then Liquor Liability Insurance is required. If being sold by an insured third party (i.e. a licensed caterer), Liquor Liability Insurance is not needed. Check with the city and county about possible permit requirements to sell liquor.*

- a. Are the servers trained in alcohol awareness like TIPS? Yes  No
- b. What are the expected liquor/alcohol sales? \_\_\_\_\_
- c. Provide the liquor license number (required to get coverage for liquor liability): \_\_\_\_\_
- d. Estimated liquor sales: \_\_\_\_\_

17. Is coverage needed for any outside Vendors, Exhibitors, or Performers? Yes  No

*If outside Vendors, Exhibitors, or Performers are present, you must obtain a copy of their Liability Certificate of Insurance (COI) with the event host/organizer and the University of California named as an Additional Insured. If they do not have this coverage, some may be eligible to apply separately using this application or the Event Liability (non-UC Parties) (TULIP) online application on the University's CampusConnexions website.*

18. Is Products Liability coverage needed for the sale of food, beverages and or souvenirs? Yes  No

*If "Yes", please answer questions a & b below.*

**If sales receipts are over \$10,000 further underwriting review is required which may take up to 7-10 days.**

- a. Will food and/or beverages be sold? Yes  No
- b. If "Yes", provide the dollar value of all estimated total product sales receipts: \$ \_\_\_\_\_

**19. Advise if any of the following will be present during the event. If yes, who is responsible for set-up and operation?**

**If any "Yes" answers, further underwriting review is required which may take up to 7-10 days.**

*If any "Yes" answers, it is your responsibility to obtain a Certificate of Insurance naming you and the University of California as Additional Insured's with limits equal to or greater than \$1,000,000 per occurrence / \$2,000,000 aggregate.*

<b>Amusements*</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>Responsible Party?</b>
<b>Inflatables</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>Responsible Party?</b>
<b>Tents(&gt;10'x10' only)**</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>Responsible Party?</b>

\* *Amusements references Amusement rides such as Ferris wheels, roller coasters, tilt-a-whirls, trampolines, etc.*

\*\* *Any rented or owned tent above the size of 10'x10'.*

## Fraud Notices

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

**NOTICE TO MINNESOTA AND OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**NOTICE TO NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**NOTICE TO TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

In accordance with industry custom, Association Member Benefits Advisors (in California DBA: Association Member Benefits & Insurance Agency) is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. These commissions are used to fund enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing, and communications. Our compensation may vary depending on the type of insurance purchased and the insurer selected.

Signing this Application shall not constitute a Binder or obligate the Company to provide this insurance, but it is agreed this Application shall be the basis on which a policy may be issued. Coverage will become effective upon approval of this Application and acceptable payment of premium.

\_\_\_\_\_

Insured Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Agent Signature

\_\_\_\_\_

Date

**CampusConnexions Program Administrator:**  
Association Member Benefits & Insurance Agency  
P.O. Box 14521  
Des Moines, IA 50306

CA Insurance License #0196562