

Special Event Liability Insurance Application

Phone: 866-838-9536

Fax: 515-365-3005

E-mail: plsdsteam.service@mercer.com

Please complete all fields, any incomplete applications will be sent back to applicant.

Group Name: _____

Address: _____

City, State, Zip: _____

Website: _____

Contact Person Name (Billing): _____

Contact Phone #: _____ Contact Email address: _____

1. Date(s) and Times of Event(s): _____

2. Location of Event(s):

a. Location Name: _____

b. Street Address 1: _____

c. Street Address 2: _____

d. City: _____

e. State: _____

f. Zip Code: _____

3. Complete description of event(s):

4. Total Estimated # of Attendees/Spectators: _____

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

a. Additional Location Name: _____

b. Street Address 1: _____

c. Street Address 2: _____

d. City: _____

e. State: _____

f. Zip Code: _____

6. Is the event open to the public – non students? Yes No
 a. If “Yes”, provide estimated number of non-students expected to attend: _____

7. If the event is any of the following, is it of a political nature? Yes No
 Conference, Convention, Lecture, Rally, Seminar, Speaking Engagement, or Symposium

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

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

If “Yes”, please answer questions a-d; if “No”, skip to the next question.

- a. What type of security service will be used? Campus Other Agency
- b. Will security personnel be armed? Yes No
- c. Who is paying for/providing the security services? _____
- d. When will security be present (hours/dates)? _____

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

If “Yes”, please answer questions a-f; if “No”, skip to the next question:

- a. Number of players/participants: _____
- b. Number of attendees/spectators: _____
- c. Do all Players have the required Accident Medical Insurance of at least \$10,000? Yes No
- d. Have all player/participants signed the required waivers? Yes No
- e. If this is a Camp, select one: Day Camp Overnight Camp
- f. If this is an Overnight Camp, provide the following: # of days: _____ # of campers: _____

All sports players/participants must have Accident Medical coverage in place and signed waivers. Failure to have both 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 Mercer at 1-866-838-9536.

11. Is alcohol being served? Yes No
 a. If “Yes”, will an outside Vendor be used for serving? Yes No

If an outside Vendor is serving alcohol, a Certificate of Insurance is required naming the student/campus group and University as Additional Insured’s with Limits of Liability equal to or greater than \$1,000,000 per occurrence & \$1,000,000 aggregate limits.

12. Is Liquor Liability Insurance needed? Yes No
 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): _____

13. 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 your student/campus group and the University named as an Additional Insured. If they do not have this coverage, they may obtain an Exhibitor/Performers/Vendor application on the University’s CampusConnexions website.

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

- a. If yes, provide the dollar value of all estimated total product sales receipts: \$ _____

15. 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, it is your responsibility to obtain a Certificate of Insurance naming you and the University as Additional Insured’s with limits equal to or greater than \$1,000,000 per occurrence / \$1,000,000 aggregate..

Amusements	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?
Inflatables	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?
Tents*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?

**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."

*****Important*****

In this transaction, Mercer Consumer is acting as the exclusive insurance agent and program manager for Philadelphia Insurance Company ("Insurer") for this type of coverage, and not as your insurance broker. Alternative insurance products may be available in the insurance market place. Mercer is only offering this selected insurer quote proposal. In addition, please note that we may utilize a third party wholesaler to gain access to insurers that we do not have direct access to in the insurance marketplace.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by referring to <https://www.personal-plans.com/disclosure> and enter in the security code o4875335 or call us at 1-888-206-5088 for specific details.

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

Program Administrator:

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 14521
Des Moines, IA 50306

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

AR Insurance License #100102691
CA Insurance License #0G39709