

LBNL Employee Group Club Event Liability Event Insurance Registration Form

Phone: 866-838-9536 Fax: 515-365-3005 Email: PLSDSTEAM.service@mercer.com Mailing Address: P.O. Box 14521, DSM, IA 50306

Employee Group Club Name:									
Address (Street, City, State, Zip):									
Web Site: www.					Fax:				
Email address (cert will be sent to this address):									
Contact person :					Telephone:				
1a	Event Name								
1b	Date(s) and Times of Event				To				
2	Location of event			Address:					
				City, State, Zip					
3	Complete description of event (Attach a page if needed for complete description):								
4a	Is event being held on watercraft? (If no skip to question #5).			Yes	No				
4b	How long is the craft in feet?:								
4c	Is the watercraft being rented?			Yes	No	If no, whom is the owner of the watercraft?			
5a	Total # of Attendees:					Max # at any one time:			
5b	If sporting event		# of players/participants:			# of spectators:			
5c	Sporting event - type of event?		Special event		Day Camp		Overnight Camp		
5d	If overnight/camp event		# of days:			# of campers:			
6a	Is a vehicle being rented for transportation of event attendees?				Yes	No			
6b	If yes, please describe								
7a	Are personal vehicles used for Alumni, Foundation or Support Group Use?				Yes	No			
7b	If yes, please describe usage. (i.e. transporting people to and from activities, bank deposits, errands, etc)								
8a	Is armed / non-armed security being provided?				Yes	No			
8b	By whom?								
9a	Is Products Liability coverage requested? (If no skip to question #10)			Yes	No				
9b	Type of product sold		Food		Beverage		Souvenirs		
9c	Receipts from Products				\$				
10a	Advise if any of the following will be present during the event. If so, who is responsible for set up and operation?								
10b	Amusements?		Yes	No					
10c	Inflatables?		Yes	No					
10d	Tents?		Yes	No					
11a	Entertainment Provided?		Yes	No					
11b	If yes, please describe								
12a	Is liquor being sold or served at this event?				Yes	No			

12b	If yes, who is furnishing/selling/serving the liquor?				
13a	Did you hire an outside vendor?	Yes		No	
13b	If yes, are you named on their policy as additional insured? Please give full details.				
14a	Is your group providing valet parking for this event?	Yes		No	
14b	If yes, are you hiring a valet parking service?	Yes		No	
14c	If yes, are you named on their policy as additional insured? Please give full details.				
Certificate Holder Detail #1		Name			
		Address			
		City, State, Zip			
Does the Certificate Holder want to be listed as additional insured?		Yes		No	
Is the additional insured requiring any special verbiage or specific requirements? (Please provide specific verbiage or requirements if requested):					
Certificate Holder Detail #2 (if needed)		Name			
		Address			
		City, State, Zip			
Does the Certificate Holder want to be listed as additional insured?		Yes		No	
Is the additional insured requiring any special verbiage or specific requirements? (Please provide specific verbiage or requirements if requested):					

**Fraud
Notice**

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 Health & Benefits Insurance Services LLC ("Mercer") 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: _____

CA Ins. Lic. #OG39709
Mercer Health & Benefits Insurance Services LLC