

**University of California
Foundation, Alumni & Support Groups and Emeriti & Retiree Groups
Event Insurance Registration Form**

Phone: 866-838-9536

E-mail: plsdsteam.service@amba.info

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

Campus Name: _____

Group/Organization Name: _____

Organization Address: _____

Organization City, State, Zip: _____

Organization Website: _____

Contact Person Name: _____

Contact Phone #: _____ Contact Email address: _____

1. Group/Organization Type: Foundation Alumni Support Group Emeriti Retiree

2. Does the event involve any watercraft that you do not own that is 58 feet in length or longer and is being used to carry persons or property for a charge? *(If "Yes", coverage is not available under this policy, please call 1-866-838-9536.)*
Yes No

3. Event Name: _____

4. Event Date(s): _____

5. Do you want coverage for participants of any type of athletic/sports-related activity? Yes No

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

Note: This policy excludes payment for medical expenses for bodily injury that occurs while practicing, instructing, or participating in any physical exercises or games, sports, or athletic contests.

6. Complete Description of the Event(s):

7. Will the event be held ON Campus? Yes No

8. Event Location Information:

a. Name of Venue/Building: _____

b. Street Address 1: _____

c. Street Address 2: _____

d. City: _____

e. State: _____

f. Zip Code: _____

9. Total # of FAS/Emeriti/Retiree group members attending and/or participating in the event? _____

10. Total # of Expected Attendees/Spectators: _____

11. Maximum # of Expected Attendees (at any one time): _____

12. Will valet parking be used at the event? Yes No

13. Is any part of the event outside of United States? Yes No

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

a. If yes, provide the country: _____

14. Is alcohol being served at no charge to attendees? Yes No

If "Yes", answer questions a & b.

a. What is the estimated cost of the liquor being served? _____

b. Will an outside Vendor be used for serving alcohol? Yes No

If an outside Vendor is serving alcohol, a Certificate of Insurance is required naming your group and University of California as Additional Insureds with Limits of Liability equal to or greater than \$1,000,000 per occurrence and \$2,000,000 aggregate limits.

15. Is Liquor Liability Insurance needed? Yes No

If "Yes", further underwriting review is required which may take up to 7-10 days and additional charges will apply.

If you (the host) are charging for liquor at the event, then it is required that you obtain Liquor Liability Insurance. If being sold by an insured third party (i.e. a licensed caterer), then the third party is required to provide you with proof of their Liquor Liability Insurance. In addition, 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 estimated liquor/alcohol sales? _____

c. Provide the liquor license number (required to get coverage for liquor liability): _____

16. 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 group and the University of California named as an Additional Insured. If they do not have this coverage, some may be eligible to apply for coverage with our Event Liability (non-UC Parties) (TULIP) pdf application.

17. 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 as it should appear on the Certificate of Insurance and the street address below. This is an entity that requires a copy of the Certificate of Insurance only for proof of coverage.

a. Additional Location Name: _____

b. Street Address 1: _____

c. Street Address 2: _____

d. City: _____

e. State: _____

f. Zip Code: _____

18. 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).

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: _____

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