



NOMINEE EVENT APPLICATION

Please fax the completed form attn: Special Events at (619) 699-0902 or email to sep@alliantinsurance.com. Please send at least 10 days in advance of the event. If you do not receive a completed proposal within 48 hours, please call Special Events Desk at (800) 821-9283 for status. (An email version of this form is also available upon request)

MEMBER INFORMATION

Member Name:

Contact:

Phone Number:

Fax Number:

Email Address:

EVENT INFORMATION

Name/Type of Event:

Description of Event:

Date(s):

Hour(s):

Location:

Attendance (per day):

Ages of Attendees:

Are Fireworks Included?

Carnival Rides?

Bands?

How Many?

Names*:

Type of Music?

**if more than one please attach a separate page*



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ADDITIONAL INFORMATION

Additional Insureds:

Joint Sponsor(s):

Number of Exhibitors Requiring Coverage (No Sales)*:

Number of Concessionaires Requiring Coverage (Non Food Sales)*:

Number of Concessionaires Requiring Coverage (Food Sales)*:

**Please provide separate list of concessionaires / exhibitors to be covered*

Liquor Liability Needed?

COMPANY USE ONLY:

Hazard Group:

Attendance Premium:

Exhibitors Premium:

Concessionaires Premium:

Liquor Liability Premium:

Additional Insureds Premium:

AD&D Premium:

TOTAL PREMIUM: