



# YOLO COUNTY PUBLIC AGENCY RISK MANAGEMENT INSURANCE AUTHORITY

77 W. Lincoln Avenue \* Woodland, CA 95695 \* (530) 666-4456 \* FAX (530) 666-4491 www.ycparmia.org

## SPECIAL EVENT LIABILITY COVERAGE

Special Event Liability insurance is available for purchase by individuals/groups who want to rent a facility from one of YCPARMIA's members for an event but do not have the required insurance.

### COVERAGE

The default coverage limit is \$1,000,000 per occurrence/\$2,000,000 general aggregate but \$2,000,000 per occurrence/\$2,000,000 general aggregate is available for purchase for an additional fee, if needed. Some entities, such as the City of Davis, require \$2,000,000 per occurrence/\$2,000,000 general aggregate. Please be sure to confirm what insurance limits are required for your event.

Additional coverage options are available upon request. Please see the Special Event Manual (available on the YCPARMIA website) for more information.

### PREMIUMS

Premiums vary depending on the type of event, number of people attending, number of days and/or if alcohol is to be served.

We can only quote premiums and issue certificates for events within the current calendar year. For events in the next calendar year, we can provide an estimate but will not be able to provide a final quote or issue the certificate until final rates have been established (typically in December). Rates are updated in January of each year.

### INSTRUCTIONS

To receive a quote: Send a copy of the completed form to [specialevents@ycparmia.org](mailto:specialevents@ycparmia.org).

A quote will be sent to the provided email address within two business days of submitting a completed form.

To purchase insurance Online: After you have received your quote, send a completed credit card authorization form to [specialevents@ycparmia.org](mailto:specialevents@ycparmia.org). Following this, payment will be processed and a copy of the certificate will be sent to the Certificate Holder via email. Some certificates may require underwriter approval and additional processing time.

To purchase insurance in-person: Payment can be processed in-person at our office located at 77 W. Lincoln Ave. In most cases, the certificate can be provided that same day for in-person purchases made via credit card. We recommend calling ahead to ensure someone will be available to process your certificate.

# SPECIAL EVENT LIABILITY REQUEST FORM

## EVENT HOLDER INFORMATION

Name/Organization:

Address:

Phone Number:

Email:

## CONTACT INFORMATION

Skip this section if the contact information is the same as above.

Name:

Phone Number:

Email:

## EVENT INFORMATION

Name/Type of Event (ex: Wedding, Birthday Party, Baby Shower, etc):

Event Location (ex: Veterans Memorial Center, Madison Hall, Community Park, etc.):

### Description

Please provide a short description of the event including what activities it will entail.

Facility Owner (ex: City of Davis, Madison Fire Protection District):

Single Day Event

Multiple Day Event

For multiple day events, please fill out the attachment (last page of this document) with information for each day of the event.

Event Date:

Time (including setup and take down):

Attendance:

Will alcohol be served?      YES      NO

## ADDITIONAL INFORMATION

\$2,000,000 per occurrence coverage limit (extra 19% fee)

Will the event have any of the following? (Mark all that apply)

Fireworks

Carnival Rides

Bounce House/Inflatable Amusement Device

Athletic/Sporting Event

Amplified Sound/Music      If so, what kind? (ex: Classical Rock, Alternative, etc.)

## EXHIBITOR/CONCESSIONAIRE INFORMATION

Exhibitors - No Sales	\$32.00 Per Day/Per Exhibitor
Concessionaires - Non Food Sales	\$42.00 Per Day/Per Concessionaire
Concessionaires - Food Sales	\$53.00 Per Day/Per Concessionaire

If there will be any Exhibitors or Concessionaires (Food or Non Food Sales) at the event that require coverage, please fill in the information below.

Number of Exhibitors Requiring Coverage (No Sales):	Day(s):
Number of Concessionaires Requiring Coverage (No Food Sales):	Day(s):
Number of Concessionaires Requiring Coverage (Food Sales):	Day(s):

## QUESTIONS/COMMENTS (OPTIONAL)

## MULTIPLE DAY EVENT ATTACHMENT

If the event is for more than day, please fill out this attachment with a line for each day of the event.

Expected **total** attendance\*:

Event Date:	Time (including setup and take down):		
Attendance:	Will alcohol be served?	YES	NO

Event Date:	Time (including setup and take down):		
Attendance:	Will alcohol be served?	YES	NO

Event Date:	Time (including setup and take down):		
Attendance:	Will alcohol be served?	YES	NO

Event Date:	Time (including setup and take down):		
Attendance:	Will alcohol be served?	YES	NO

Event Date:	Time (including setup and take down):		
Attendance:	Will alcohol be served?	YES	NO

Event Date:	Time (including setup and take down):		
Attendance:	Will alcohol be served?	YES	NO

Event Date:	Time (including setup and take down):		
Attendance:	Will alcohol be served?	YES	NO

Event Date:	Time (including setup and take down):		
Attendance:	Will alcohol be served?	YES	NO

Event Date:	Time (including setup and take down):		
Attendance:	Will alcohol be served?	YES	NO

Event Date:	Time (including setup and take down):		
Attendance:	Will alcohol be served?	YES	NO

\*The total attendance is the sum of attendance for the entire event. For example, if the event is a theatrical performance with three days of rehearsals with 25 people each day and two performances of 150 people each day, then the total attendance would be 375 people.