

California Federation of Mineralogical Societies

Fax to: (805)646-9976 or Mail to: McDaniel Insurance Services, PO Box 1294, Ojai, CA 93024

Allow 6 weeks for processing – SUBJECT TO UNDERWRITING APPROVAL

Special Event Questionnaire

For special events organized or sponsored by your organization during the period from October 16, 2010 through October 15, 2011, having 500 or more in attendance or not 'covered events'.

Legal Name of Society/Club: _____

At this event is your club:

Sponsor Co-sponsor Other (please describe in detail; attachments are helpful):

Please list any Co-sponsors _____

What kind of special event will your society/club be hosting?

Show Convention Other (please describe in detail; attachments are helpful):

Where is the event being held? _____

Date(s) of the event (EXCLUDING any additional set-up/tear down dates) _____

What dates (if any) will be set-up/clean-up? _____

How **many total people** do you expect to attend this event? _____

What **gross receipts/income** do you anticipate? _____

How much **net profit** do you anticipate? _____

Will Liquor be served? _____ If yes, will it be: Sold Provided without separate charge

If yes, served by: Member/Volunteer(s) Hired Individual/Company Other (explain):

How many **vendors/dealers** do you anticipate? _____

Note: Coverage for vendors is not included.

Do you require the vendors/dealers to provide your club/society with a Certificate of Insurance and an Additional Insured Endorsement naming the California Federation of Mineralogical Societies, Inc., *your club name*, their directors, officers, and volunteers as Additional Insureds? Yes _____ No _____ Other _____ If no or other, please explain: _____

Please ask your venue and/or sponsors if you will need a Certificate of Insurance.

After receipt of this form, properly completed, we will fax or e-mail a quote for the cost of coverage for the special event. You will be able to use the quote as an invoice to request the addition of the coverage for your event. If you will need a Certificate of Insurance and/or Additional Insured Endorsement send a completed Certificate/Endorsement Request Form.

Incomplete or illegible forms will be returned without processing or tracking. It is your responsibility to submit properly completed forms before the deadline to avoid additional fees.

SEE GENERAL INSTRUCTIONS AND FEE SCHEDULE.

Your Name & Title: _____

Mailing Address: _____

PLEASE NOTE: We require a phone number plus a fax or e-mail to send a quote/invoice.

Phone Numbers: Day (_____) _____ Evening (_____) _____

E-Mail Address: _____ OR Fax: (_____) _____

Date request was: Faxed _____ OR Mailed _____ OR E-Mailed _____

McDaniel Insurance Services, DOI #0820481 mcins@west.net

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