

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 during the period from October 16, 2007 through October 15, 2008 that have 300 or more in attendance or that are not covered events)

*** SAMPLE ENTRIES & INSTRUCTIONS ARE IN RED TYPE ***

Legal Name of Society/Club: GEOBUFF GEM & MINERAL SOCIETY

At this event is your club:

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

Please list any Co-sponsors BOY SCOUTS, TROOP #504

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

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

PLEASE DESCRIBE IN DETAIL IF YOU HAVE SOME OTHER TYPE OF EVENT

Where is the event being held? VETERANS HALL, 123 E. MAIN ST, ANYTOWN, CA 12345

Date(s) of the event (EXCLUDING any additional set-up/tear-down dates) 10/16/06-10/16/06

What dates (if any) will be set-up/clean-up? 10/15/06 SET-UP, 10/17/06 CLEAN-UP

How many total people do you expect to attend this event? 300 (TOTAL FOR ALL DAYS)

What gross receipts/income do you anticipate? \$1,000 EST. (AN ESTIMATE IS OKAY)

How much net profit do you anticipate? \$200 EST. (AN ESTIMATE IS OKAY)

How many vendors/dealers do you anticipate? 12 (ENTER ONLY ONE FIGURE)

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: (OR CALL US IF YOU HAVE QUESTIONS)

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 (see instructions).

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: ONE DAY OR EVENING # IS REQUIRED Eve: INCLUDE AREA CODE

E-Mail Address: E-MAIL OR FAX IS REQUIRED OR Fax: E-MAIL OR FAX IS REQUIRED

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

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

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