

California Federation of Mineralogical Societies

Email, FAX. Or Mail to McDaniel Insurance Services – see address information below

Allow 6 weeks for processing. SUBJECT TO UNDERWRITING APPROVAL

Special Event Questionnaire

For special events organized or sponsored by your organization having 500 or more in attendance, or not included in 'covered events'. (see Coverages and Responsibilities form)

REQUIRED: Attach a copy of any written contract/agreement and all attachments, including any written insurance requirements. (please attach)

Legal Name of Society/Club: _____

At this event is your Club: **Sponsor** **Co-sponsor** **Other** (if other, describe below)

Please list any co-sponsors _____

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

Show **Convention** **Other** (If other, please provide detail; attach pages as needed)

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 for set-up?** _____ **for 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? **Yes** **No**

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 (If no, 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: _____

Your 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: Mailed _____ **OR** E-Mailed _____ **OR** Faxed _____

McDaniel Insurance Services LLC, DOI #0K28791 mcins@west.net (800) 400-7288

206 N. Signal Street, Suite O, PO Box 1294, Ojai, CA 93024 (805) 646-9948; Fax (805) 646-9976