

# Instructions for Using TheEventHelper.com

### Event Insurance Quote

Estimated total attendance  
 people

How many days is your event?  
 days

What is your event

Where is your event

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Final Cost: **\$ 95.95**  
All taxes and fees included

[Continue to Next Step](#)

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### How it Works

Step 1: Eligibility questions  
Step 2: Coverage options and quote  
Step 3: Event holder info  
Step 4: Venue / Additional Insureds  
Step 5: Event dates  
Step 6: Terms and agreements  
Step 7: Payment

To start a quote for event insurance, go to the following website:

<http://www.theeventhelper.com>

On the left side of the webpage, fill in basic details about the event:

- 1) Attendance
- 2) Duration
- 3) Type
- 4) Location

Click “Continue to Next Step”

Answer questions about possible event details.

### Eligibility Questions

Will your event include hay rides?  
 No  Yes

Will Your Event Feature any of the Following: Rides, Mechanical Devices, Inflatables, Petting Zoos or Animals?  
 No  Yes

Will Your Event Feature any Water Activities?  
 No  Yes

Does Your Event Include Attendees Sleeping or Camping Overnight?  
 No  Yes

Does your event go past 2am?  
 No  Yes

[Next](#)

Click “Next”

**ACORD** CERTIFICATE OF LIABILITY INSURANCE

### Coverage Options

1. General Liability *What is this?*

\$1,000,000 Each Occurrence (Includes Bodily Injury and Property Damage) *What is this?*  
 \$1,000,000 Personal & Advertising Injury *What is this?*  
 \$2,000,000 General Aggregate *What is this?*  
 \$5,000 Medical Payments *What is this?*  
 \$1000 Deductible *What is this?*

\$2,000,000 Each Occurrence (Includes Bodily Injury and Property Damage) *What is this?*  
 \$2,000,000 Personal & Advertising Injury *What is this?*  
 \$2,000,000 General Aggregate *What is this?*  
 \$5,000 Medical Payments *What is this?*  
 \$1000 Deductible *What is this?*

2. Select your liquor liability coverage: *What is this?*

None  
 Host Liquor (free) *What is this?*  
 Retail Liquor (add \$81.90) *What is this?*

3. Do you need a Primary Wording or Waiver of Subrogation: *What is this?*

No  
 Yes (add \$76.60)

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Choose coverage options that apply to event details.

Click "Next"

**ACORD** CERTIFICATE OF LIABILITY INSURANCE

PRODUCER  
Insurance Broker  
PO Box 742  
Reno, NV 89504

INSURERS AFFORDING COVERAGE

INSURER A: Insurance Company NAIC #

INSURER B:

INSURER C:

INSURER D:

INSURER E:

REQUIRED  
Persons name Requesting Last name  
AZ

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

CONFIRM YES

### Event Holder Information *What is this?*

First Name: Persons name Requesting  
 Last Name: Last name

Insured DBA (optional) *What is this?*:  
 Event Name: Event Name

Phone Number:  
 Website, Flyer, Ad URL (optional):

Event Description (200 character limit):  
 Description

Contact Email:  
 Confirm Email:

Street Address:  
 City:

State: Arizona  
 Zip:

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Enter event holder (host) details

All spaces must be filled in on this screen.

Click "Next"

Enter the Venue information as shown in this screen:

**Venue - Additional Insured** (Certificate #1) [What is this?](#)

Name of Certificate Holder Example: "Nevada City Veteran's Hall"

Second Name (optional) Example: "Nevada City Veteran's Hall"

Street Address  City

Contact Email (optional)  State  Zip

Click "Next"

**Event Dates** (date format: mm/dd/yyyy)

Start Date

I certify that the above dates are correct and valid.

Enter the Event Dates

Check the Box to certify that the above dates are correct and valid.

Then, Click "Next"

# Read the Terms and Conditions

Check the boxes as you read and agree to each.

Click Next

### Terms and Conditions

-Full Name of Applicant: Persons name Requesting Last name

**CONTACT INFORMATION**

-First Name: Persons name Requesting  
-Last Name: Last name  
-Physical Address: 8401  
-City: Peoria  
-State: AZ  
-Zip: 85345  
-Telephone Number: (623) 773-5260  
-Email Address: brenda.donalds@peoriaaz.gov

**EVENT INFORMATION**

-What is Your Event: Festival & amp; Cultural Events - Indoors  
-Name of Event: Event Name  
-Provide detailed description of Event: Description  
-Will your event include hay rides: No  
-Estimated Daily Number of People Attending the Event: 100  
-Policy/Event Start Date(date(s) of coverage): 05/05/2013

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees. Name of Person Acknowledging Warranty: Persons name Requesting Last name, 2/5/2013

I/We confirm that we understand that your Performers/Crew/Stunts, Auto Exposures are Excluded From This Policy.

I/We confirm that there will be no Mosh Pits or Fireworks/Pyrotechnics of any Kind.

I understand that this insurance purchase cannot be cancelled and there is no refund possibility.

I/We understand this policy is designed to cover only the people attending the event in which you have purchased the policy for as pertaining to the policy conditions. This policy will not cover any participants, employees, volunteers, or individuals compensated by the insured.

I/We understand that the event types under "EXCLUDED EVENT TYPES" are excluded from this policy.

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### CERTIFICATE OF LIABILITY INSURANCE

**ACORD**

PRODUCER  
Insurance Broker  
PO Box 742  
Reno, NV 89504

INSURED  
Fietal  
Persons name Requesting Last name  
8401  
Peoria, AZ 85345

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER'S NAME	NAIC #
INSURER A: Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

#### Payment

VISA MasterCard American Express DISCOVER

First Name (On card) Last Name (On card)

Street Address City

State Zip

Card Type Card Number

Expiration Date / Card Verification Number

Back Make Payment Send Payment of \$ 136.30

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS	E.L. EACH ACCIDENT \$
A OTHER Host Liquor Liability	Included in occurrence limit above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER  
City of Peoria Arizona  
8401 Monroe  
Peoria, AZ 85345

CANCELLATION  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDOORSE BY MAIL, 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL NOT BE CONSIDERED AN WAIVER OF ANY FUND UPON THE INSURER, TO AGENTS OR...

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Fill in the Payment information

Click "Make Payment"