

Event Insurance Quote

Estimated total attendance
100 people

How many days is your event?
1 days

What is your event
Weddings and Wedding Recep

Where is your event
California

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

Continue to Next Step

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 your quote, go to the following website:
<http://www.theeventhelper.com>

On the left hand side of the webpage, enter the following:

- 1) number of people that will be attending,
- 2) the number of days,
- 3) what type of event,
- 4) where the event will be located.

Click the "Continue to Next Step"

Answer the following questions that correspond to your event.

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"

Choose the following options that correspond to your event.

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)

Back Next

Click "Next"

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
Insurance Broker
PO Box 742
Reno, NV 89504

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	NAIC #
INSURER A: Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
Persons name Requesting Last name
AZ

Event Holder Information

What is this?

First Name: Last Name:

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

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

Event Description (200 character limit):

Contact Email: Confirm Email:

Street Address: City:

State: Zip:

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Enter the Event Holder information

You must fill out all areas of this portion of the form.

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"
City of Peoria Arizona

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

Street Address City
8401 Monroe Peoria

Contact Email (optional) State Zip
Brian.Flint@peoriaaz.gov Arizona 85345

Click "Next"

Enter the Event Dates and check the Box that you certify that the above dates are correct and valid. And then Click "Next"

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

Start Date
05/05/2013

I certify that the above dates are correct and valid.

Read the Terms and Conditions and check the boxes off as you agree / read them.

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 & 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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Click "Next"

Enter the Payment information

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
Insurance Broker
PO Box 742
Reno, NV 89504

INSURERS AFFORDING COVERAGE

INSURER #	Insurance Company	NAIC #
INSURER A		
INSURER B		
INSURER C		
INSURER D		
INSURER E		

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

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COVERAGES

Payment

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	\$
ANY PROPRIETOR, PARTNER, OFFICER, DIRECTOR, EMPLOYEE, OR SPECIAL PROVISIONS	E.L. EACH ACCIDENT	\$
	E.L. BREAK - FA EMPLOYE	\$
	E.L. DISEASE - POLICY LIMIT	\$

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 ENDORSE UPON MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ON FILE NUMBER 10-00-00-01861. WITHOUT THE EXCLUSION FOR LIABILITY OF ANY KIND UPON THE WORKERS, WHO ARE NOT BEING RECALLED ABOVE.

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