Submit by Email

CSU PRODUCER RESOURCES INC.

Special Events of Short-term Duration Policy Request Submission

***Binding is subject to email confirmation from C-SUPR**

General Information

☒ **New Account** ☐ **CSU has previously written this event**

☐ **Bind and Issue** ☒ **Quote Only**

***Please mark all that apply**

Agency Name and Code

Inspro A Marsh & McLennan Agency LLC Company - 100187829

Named Insured (as it should appear on the policy): City of Bennet

(For the "Named Insured" use your name if you operate as a sole proprietor or your legal business name if you operate as a corporation or LLC.)

Doing Business as (DBA):

(additional names under which the business operates)

Legal Entity:

☒ Individual ☐ Corporation ☐ Joint Venture ☐ Partnership ☐ LLC ☐ Sole Proprietorship

☐ Other

Mailing address: PO Box 255	State: NE	Zip: 68317-0255
City: Bennet	Phone: (402) 782-3300	
Cell: ( )	Fax: (402) 782-3320	
Email: cityclerk@cityofbennet.com	Website: https://cityofbennet.com	

Event Specific Information

1) Will the event have or feature any of the following activities:

Rides, amusement devices, inflatables or recreational devices?	☐ Yes ☐ No
Petting zoos or animals?	☐ Yes ☐ No
Fireworks or pyrotechnics?	☐ Yes ☐ No
Concessionaires, exhibitors or vendors?	☐ Yes ☐ No
Is the purpose of this event a concert or musical event?	☐ Yes ☐ No

****music or entertainment incidental to the event is ok**

2) Are overnight accommodations or camping facilities part of the event? ☐ Yes ☐ No

The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities, please contact a C-SUPR underwriter to determine if other coverage options are available. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.

3) Is the event held at multiple locations? ☐ Yes ☐ No

4) Is the event held annually? ☐ Yes ☐ No

ENTERTAINMENT	If there is a musical performer, please indicate the type of music to be provided/performed:

Event Details

Name of Event:	
Expected total attendance at the event (avg. daily attendance X no. of days)	
Brief Description of event:	
Dates of coverage: (including set up and tear down)	/ / To / /
Event Date(s):	/ / To / /
Hours of Event: (including set up and tear down)	☐ AM ☐ PM To ☐ AM ☐ PM

Location of Event

Event location:
Venue name:
Street address:
City: State: Zip:

Select Eligible Event Type

If you have an event that is not listed below and would like coverage please submit to your C-SUPR underwriter

Please click the arrow to the right to make your event selection

Please select from the following drop down

Alcoholic Beverages

☐ Yes ☐ No Alcohol will be allowed at the event.

☐ Yes ☐ No No alcohol provided by named insured and/or only attendees allowed to bring their own alcoholic beverages.

☐ Yes ☐ No Alcohol will be sold at the event. (e.g.: individual drinks are offered for sale for cash or with pre-purchased tickets).

If alcohol is sold, who holds the liquor license or permit?

☐ Insured ☐ Caterer or Vendor ☐ Facility ☐ Sponsor

☐ Yes ☐ No Alcohol will be furnished without a charge at the event.

☐ Yes ☐ No If yes, is the insured required to obtain a liquor license?

☐ Yes ☐ No Alcohol will be both sold and furnished at the event. (e.g.: providing wine and beer for free, but also having a cash bar) If yes, who holds the liquor license or permit?

☐ Insured ☐ Caterer or Vendor ☐ Facility ☐ Sponsor

Liquor Liability Coverage

(Complete this section only if selecting this optional coverage.)

1.	Is the named insured required to obtain a liquor license or permit?	☐ Yes ☐ No
	If no: Please provide the name of the liquor license/permit holder:	
	Please provide relationship to named insured:	
	Please provide the liquor license/permit number (if applicable):	
2.	Are alcoholic beverages (please select one): ☐ Sold? Provide the amount of alcoholic beverage sales $ And Food Sales $ ☐ Included as a part of the admission charge? ☐ Served or furnished without a charge?	
3.	What types of alcoholic beverages are being sold/served? Indicate all that apply: ☐ Liquor ☐ Beer ☐ Wine	
4.	Have you ever been fined or had a liquor license/permit revoked or suspended?	☐ Yes* ☐ No
5.	Has any insurer cancelled or nonrenewed your coverage during the past 3 years?	☐ Yes* ☐ No
6.	Are patrons allowed to carry alcoholic beverages onto the premises during your event? (BYOB)	☐ Yes* ☐ No
7.	Are alcohol sales and consumption contained within a fixed and/or secured area?	☐ Yes ☐ No*
8.	Has at least one server at this event had formalized awareness training?	☐ Yes ☐ No*
	If yes, please provide the type of training (e.g.: TIPs, TAMs, TABC):	
9.	Are ID's checked at the event?	☐ Yes ☐ No*
10.	Are alcohol sales stopped at least one (1) hour prior to the end of the event?	☐ Yes ☐ No*
11.	Do you need to add an additional insured for the liquor liability coverage? (If yes, complete below.)	☐ Yes ☐ No*
	Named of Additional Insured for Liquor Liability:	
	Mailing Address:	
	City: State: Zip:	

*** Answer requires the risk be submitted to your C-SUPR underwriter for approval and pricing.**

Additional Insured Requests

(Complete this section to request additional insureds on the policy.)

Additional Insured information:

Entity name:

Mailing address:

City: State: Zip:

Additional Insured form requested:

Additional Insured information:

Entity name:

Mailing address:

City: State: Zip:

Additional Insured form requested:

Additional Insured information:

Entity name:

Mailing address:

City: State: Zip:

Additional Insured form requested:

Additional Insured information:

Entity name:

Mailing address:

City: State: Zip:

Additional Insured form requested:

Additional Insured information:

Entity name:

Mailing address:

City: State: Zip:

Additional Insured form requested:

Additional Insured information:

Entity name:

Mailing address:

City: State: Zip:

Additional Insured form requested:

Premium Determination

Limits

	General Liability Limits	Optional Liquor Liability Limits*
Each Occurrence	$1,000,000	$1,000,000
General Aggregate(other than Products-completed Operations)	$2,000,000	$1,000,000
Products-completed Operations Aggregate	$2,000,000	*For liquor liability coverage assault and battery and punitive damages are excluded. * For liquor liability in Michigan call for pricing.
Personal and Advertising Injury	$1,000,000	
Damage to Premises Rented to You	$100,000	
Medical Expense (other than participants)	$1,000	

Premiums

Attendance	Premium without Liquor Liability	Additional Premium for Liquor	Total Premium with Liquor Liability
1-500	☐ $250	☐ $350	☐ $600
501-1,500	☐ $600	☐ $500	☐ $1,100
1,501 - 6,000	☐ $750	☐ $1,000	☐ $1,750
6,001 - 10,000	☐ $1,500	☐ $1,500	☐ $3,000
10,001 - 12,500	☐ $2,500	☐ $2,500	☐ $5,000
12,501 - 25,000	☐ $4,500	☐ $4,000	☐ $8,500
Med Pay $2,500 Optional Limit			☐ $250 flat charge
Damage to rented premises $300,000 optional limit			☐ $150 flat charge
Premium is determined by the total attendance (daily attendance X the number of event days)			

Enter Premium here from selection above $

Any applicable optional charges $

Premium Due **(less taxes, fees, surcharges) $

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

**Any applicable state stamping fees, state taxes, terrorism, and/or other state mandated charges are in addition and will be calculated upon policy issuance.

Binding and Policy Issuance

You will receive an email notification as evidence coverage is bound. Policy issuance will follow via email, generally within 24 hours.

E-mail address to send policy: keri.eichberger@marshmma.com Attn:

Producer Information

Producer name: Nick Turner

Producer code: 19464668

Producer mailing address: 4000 Pine Lake Rd

City: Lincoln State: NE Zip: 68516

Producer contact name: Keri Eichberger

Producer telephone number: (402) 484-3915 Producer fax number: ( )

Contact e-mail address: keri.eichberger@marshmma.com

QUICK ISSUE PROGRAM APPLIES TO ELIGIBLE CLASSES OF EVENTS AS SHOWN IN "ELIGIBLE EVENT TYPE" SECTION OF THIS APPLICATION.

REMEMBER: YOU CAN SUBMIT EVENTS NOT QUALIFYING FOR THIS PROGRAM TO YOUR C-SUPR UNDERWRITER FOR INDIVIDUAL UNDERWRITING.

PLEASE NOTE: PARTICIPANTS ARE EXCLUDED.

FRAUD STATEMENTS

APPLICABLE IN COLORADO
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII
For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA
Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO
Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA
WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

GENERAL FRAUD STATEMENT
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and NY: substantial civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied).

Applicant's Signature	**Date**
Agent's Signature	**Date**
Agency Name	**Agency Code**
Agent's Name and License Number (Florida Only)	