

TENANT/USER and INSTRUCTOR APPLICATION



If event requires underwriter approval please allow 10 days (if possible) prior to event date. If insufficient time is not allowed possible decline on coverage could occur. Contact us by fax at (619) 699-0902 or email us at sep@alliantinsurance.com

EVENT HOLDER INFORMATION (PLEASE PRINT)		
Name:		
Address:		
Phone Number:	Fax Number:	
Email Address:		
EVENT INFORMATION (PLEASE PRINT)		
Name/Type of Event (Birthday Party, Anniversary Party, Meeting, Dance, etc.):		
Description of Event:		
Date(s):	Hour(s):	
Location:		
Attendance (Per Day): _____	Total Attendance for Event: _____	Ages Range of Attendees (Ex: 0-70): _____
Are Fireworks Included (Y/N)?	Carnival Rides (Y/N)?	
Bands (Y/N)?	If so, How Many?	
Names of Bands*:		
Type of Music?		
<i>*if more than one please attach a separate page</i>		
Is Alcohol being Served or Sold at the Event (Y/N)?		
If Yes to the question above:		(Yes/No)
If liquor is being served directly by the applicant, will training be provided to those individuals monitoring consumption to prevent underage drinking and over consumption by individuals of legal drinking?		
If liquor is being served directly by the applicant, will the consumption of alcoholic beverages will be restricted to a specific area or will wrist bands/hand stamps will be provided to those individuals of legal drinking age?		
If liquor is being provided by independent contractors/vendors, do they carry at least \$1,000,000 in liquor liability coverage, provide the applicant a Certificate of Insurance, and provide additional insured status?		

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ADDITIONAL INFORMATION (PLEASE PRINT)

Additional Insureds (Y/N)?:

Number of Exhibitors Requiring Coverage (No Sales)*:

Number of Concessionaires Requiring Coverage (Non Food Sales)*:

Number of Concessionaires Requiring Coverage (Food Sales)*:

**Please provide separate list of concessionaires / exhibitors to be covered*

ADDITIONAL INSURED INFO (If Applicable)

Additional Insured's Name, Address, and Phone #:

1.) CITY OF REDLANDS, 35 CAJON STREET, REDLANDS, CA 92373

2.)

3.)

PAYMENT OPTIONS

Credit Card (see separate form)
[Non-Refundable Per Alliant]

Cash / Check (Payable to Public Entity)
[Refundable if Event Cancelled before Event Date]

SIGNATURE OF APPLICANT

DATE

COMPANY USE ONLY:

Hazard Group: _____

Attendance Premium: _____

Exhibitors Premium: _____

Concessionaires Premium: _____

Liquor Liability Premium: _____

Additional Insureds Premium: _____

AD&D Premium: _____

Increase Limits Premium: _____

TOTAL PREMIUM: _____