Use what is provided below / use lo que se proporciona a continuación

STEP 1

Welcome to the Special Events Online Application. Please answer each question, even if you think it does not apply to you.

Information

Event Holder / Instructor / Vendor: [YOUR NAME / SU NOMBRE]
Email Address: [YOUR EMAIL / SU CORREO ELECTRONICO]

Date:
- Effective Date
- Expiration Date

Additional Insured

Are you being asked to provide evidence of insurance OR a certificate of insurance by a property owner or other entity? (Some common examples include: Facility Owners, Vendors, Property Managers)
Provide the following information for each additional insured or certificate holder:
Select the most appropriate additional insured type:
- [Property Owner, Manager, Lessor of Premises]

Number of days this additional insured is at your event:
- [# of Days / # DE DIAS]
- [Remove Additional Insured]

Event Information

Event State:
- California

Will the event take place in multiple locations within the same state?
- No
- Yes

Will the event take place in multiple states?
- No

Event Type:
- [Event Holder]
- [Celebration Event Type]
- [Anniversary]

Event Category:

Event Class:

Largest single day attendance:
- [# of Days / # DE DIAS]

Entire event attendance:
- [# of Days / # DE DIAS]

The number of days your event, class, or activity is held:
- [# of Days / # DE DIAS]

Liquor Liability

Include full liquor liability:
- Yes

Number of days alcoholic beverages are consumed:
- [# of Days / # DE DIAS]

Will alcoholic beverages be consumed or distributed:
- Yes

What is the longest period time alcoholic beverages are available:
- 2 hours or less

Underwriting Information

Are you the property owner or manager?
- No

Have any accidents, incidents, claims or losses arisen from past events?
- No

Will you provide overnight lodging?
- No

Will you have armed security?
- No

Other than set-up or clean-up activity, will there be activity or attendance before 8:00a.m. or after 11:30p.m.?
- No

Does the event include athletic or sport activity?
- No

This online insurance policy does not cover bodily injury to athletic participants. If your event includes athletic or sport activity this online policy does not properly insure you. Select this link if your event includes athletic or sport activity. athletic participant coverage. You will be redirected to the manual application for insurance that includes coverage for bodily injury to athletic participants.

Click here when done / Haga clic aquí cuando haya terminado
Please review and then click here.
STEP 3

Next Steps...

Please provide all the information requested. It is required so we can print endorsements and certificates of insurance when you elect to purchase this insurance.

Select "Purchase" at the bottom of this page so we can gather your mailing address, event location, and additional insured name and address.

Can’t finish now?
You may return at a future date to complete this application and purchase this insurance. We save the information you provided. A copy has been sent to your email. The quote is valid until 30 days from the date it is purchased. You will need to provide your email address and password when you return. If you need to access this quote at a later time, please follow this link:

Click here to modify the quote or type in the address below manually.
https://www.example.com/modification?quote_id=233776

Questions?
HUB International Insurance Services, Inc. Phone: (925) 609-6500 Fax: (925) 609-6550 CA License #62726 Email: specialevents@hubinternational.com

Total Costs: $97.28

Special Events Premium: $70.00
Processing Fee: $15.00
Broker Fee: $10.00
State Tax: $3.10
Stamping Fee: $0.18

Event Information

Indication #: 233776
Event State: CA
Event Address: EVENT ADDRESSES | DIRECCIÓN DEL EVENTO
City/State: NAPA, CA
Event Zip: 94559

Will the event take place in multiple locations within the state?
No

Select the number of additional locations.

Select if the event does not take place in multiple locations.

Will the event take place in multiple states?
No

Event Type: Event Holder
Will you or the facility owner charge a fee to attend?
No

Event Category: Celebration Event Type
Ask you a 501-C3 or other Not-For-Profit entity?
No

Event Class: Birthday
Will you include animals?
No

Largest single day attendance:
50

Expected event attendance:
50

The number of days your event class, or similar to take:
1

Event Premium: $70.00
Total Premium: $70.00

Additional Locations

Please add any additional locations here.

Customer Fills Out / Cliente lo completa

Fuller Park: 560 Jefferson Street Napa, CA 94559
Kennedy Park: 3291 Streblow Drive Napa, CA 94559
Dry Creek: 1400 Dry Creek Road Napa, CA 94558
O’Brien Park: 865 Pueblo Ave Napa, CA 94558
Playground Fantastico: 2400 Old Sonoma Road Napa, CA 94558
Pelusi: 2298 Streblow Drive Napa, CA 94559
Senior Center: 1500 Jefferson Street Napa, CA 94559
Las Flores Community Center: 4300 Linda Vista Ave Napa, CA 94558
STEP 3

Use what is provided below / use lo que se proporciona a continuación

CITY OF NAPA
PO BOX 660
NAPA, CA 94559
**STEP 5**

**Next Steps...**

Your policy is complete. You should review your policy and SEND the appropriate documents below to the appropriate recipients. These documents were NOT EMERGED to YOU. YOU MUST SAVE OR PRINT THEM NOW.

**TOTAL COSTS:** $112.76

- **Special Events Premium:** $85.00
- **Processing Fee:** $15.00
- **Broker Fee:** $10.00
- **State Tax:** $2.00
- **Stamping Fee:** $9.76

**Information**

**Event Holder:** YOUR NAME / SU NOMBRE
**Inductor / Vendor:** YOUR ADDRESS / SU DIRECCIÓN
**Email Address:** YOUR EMAIL ADDRESS / SU CORREO ELECTRÓNICO
**Mail Address:** NASA, CA
**City/State:** NAPA, CA
**Zip:** 94559
**Telephone:** (555) 555-5555 ext.

**Event Information**

- **Event State:** CA
- **Event Address:** EVENTO DEL DIRECCION.
- **City/State:** NAPA, CA
- **Event Zip:** 94559
- **Will the event take place in multiple locations within the same site?** No
- **Select the number of additional locations:** (select zero if the event does not take place in multiple locations)
- **Will the event take place in multiple states?** No
- **Event Type:** Event Holder: Will you or the facility charge a fee to attend? Yes
- **Event Category:** Celebration Event Type: Are you a 501-C3 or other Not For Profit entity? Yes
- **Event Class:** Birthday: Will you include animals? No
- **Largest single day attendance:** 50
- **Total event attendance for all event days:** If you have an event that is three days, with expected max attendance for each day of 80, 30, and 40, total event attendance will be 120:
- **Total event attendance for all event days:** 120
- **Event Premium:** $70.00
- **Total Premium:** $112.76

**Additional Locations:**

Please add any additional locations here.

**Additional Insured:**

Provide the following information for each additional insured or certificate holder:

- **Property Damage Insurance:** Number of days this additional insured is at your event:
- **General Liability Insurance:** 1
- **лась de su evento:**
- **Public Liability Insurance:** 1
- **Additional Insured Name:** CITY OF NASA
- **Additional Insured Mail Address:** PO BOX 600
- **Additional Insured City/State/Zip:** NASA, CA 94559
- **Additional Insured Premium:** $1.00

**Liquor Liability:**

- **Includes full Liquor Liability:** Yes
- **Number of days alcoholic beverages are consumed:** 1
- **Liquor Liability:** Will alcoholic beverages be consumed or distributed?
- **What is the longest time period alcoholic beverages are available?** 4.5 hours to 5.5 hours

**Confirmation page only – Forms will be emailed to you**
Página de confirmación - se le enviarán los formularios por correo electrónico