

FACILITY EVENT COVERAGE – USERS LIABILITY
COMMERCIAL GENERAL INSURANCE

PLEASE PROVIDE ALL INFORMATION REQUESTED ON THIS FORM:

OUTSIDE USERS NAME: _____

OUTSIDE USERS DESCRIPTION
OF OPERATIONS: _____

EVENT/AFFILIATES LOCATION: Saint Mary's College
1928 St. Mary's Rd
Moraga, CA 94575

EVENT DESCRIPTION: _____

NUMBER OF PARTICIPATES: _____

IS LIQUOR BEING SERVED: YES _____ NO _____

IS LIQUOR BEING SOLD: YES _____ NO _____

IS FOOD BEING SERVED: YES _____ NO _____

DATE OF EVENT: _____

TIME OF EVENT: FROM: _____ TO: _____

Special Event Coverage through: Lloyd's of London
Limit of Liability: \$1,000,000
Cost of Covers \$100 per event

DATE OF APPLICATION: _____

Signature of Outside User

Signature of Affiliate Representative

Please complete and sign the form and make check payable to: Hefferman Insurance Brokers,
and
return with signed contract to Saint Mary's College.

