



**FACILITY EVENT COVERAGE - USERS LIABILITY
COMMERCIAL GENERAL LIABILITY INSURANCE**

PLEASE PROVIDE ALL INFORMATION REQUESTED ON THIS FORM:

USER'S NAME:

**USER'S DESCRIPTION
OF OPERATIONS:**

Reception

EVENT/AFFILIATES LOCATION:

Outdoor Space

NAME:

Saint Mary's College of California

ADDRESS:

1928 St. Mary's Road

CITY/STATE/ZIP:

Moraga, CA 94575

EVENT DESCRIPTION: Post-Commencement Reception

NUMBER OF PARTICIPANTS: _____ (Approximate)

IS LIQUOR BEING SERVED: YES _____ NO _____

IS LIQUOR BEING SOLD: YES _____ NO X

IS FOOD BEING SERVED: YES _____ NO _____

DATE OF EVENT: _____

TIME OF EVENT: FROM: 12:00 pm TO: 4:00 pm

Special Events Coverage Through: Philadelphia Insurance Company
Limit of Liability: \$1,000,000 each occurrence
Cost of Coverage: \$100 per event

DATE OF APPLICATION: _____

Signature of User

Signature of Affiliate Representative

Please complete and sign this form and remit your payment to:
The Meetings, Events & Conference Services Office in the Soda Center.

Claims should be reported to:
Heffernan Insurance Brokers Attn: Shelaine Gonsalves at 925-295-2561 Fax: 925-934-8278 and
V.P. for Finance Office (SMC Campus): Attn: Ann Tomaselli, 925-631-4571 Fax: 925-376-8497

USER'S OF ALL OTHER EVENTS OTHER THAN CHAPEL