GENERAL LIABILITY INSURANCE  
(One Day Coverage)

PLEASE PROVIDE ALL INFORMATION REQUESTED ON THIS FORM:

OUTSIDE USER’S NAME: ____________________________________________

OUTSIDE USER’S DESCRIPTION OF OPERATIONS: ____________________________

EVENT/AFFILIATES LOCATION: _______________________________________

    NAME: ___________________________________________________________

    ADDRESS: _________________________________________________________

    CITY/STATE/ZIP: ________________________________________________

EVENT DESCRIPTION: ________________________________________________

NUMBER OF PARTICIPANTS: _______________________________(Approximate)

IS LIQUOR BEING SERVED: YES _____  NO ______

IS LIQUOR BEING SOLD: YES _____  NO ______

IS FOOD BEING SERVED: YES _____  NO ______

DATE OF EVENT: ___________________________________________________

TIME OF EVENT: ___________________________________________________

Special Events Coverage Through: Philadelphia Insurance Company
Limit of Liability: $1,000,000.00 per occurrence
Cost of Coverage: $100.00 per day

DATE OF APPLICATION: ________________________________

__________________________________________________________

Signature of Outside User                                               Signature of Affiliate Representative

Please complete and sign this form and remit your payment to: Saint Mary’s College of California, Attention: Sharon Neward, Coordinator for Administrative Services, PMBox 3554, Moraga, CA 94575. Checks need to be made payable to Saint Mary’s College of CA.

06.06.2013