



GALES CREEK INSURANCE SERVICES

ATTN: SPECIAL EVENTS DEPARTMENT

800 NW 6TH AVENUE, SUITE 335

PORTLAND, OR 97209

IBMA@GALESCREEK.COM

PHONE: 503.227.0491 EXT. 34

FAX: 503.227.0927

Special Events Insurance

2010-2011



| **Accumulated Total Attendance | Premium Rate per Event 1-3 days |
|---------------------------------------|--|
| 0 to 500 | \$ 150 |
| 501 to 1000 | \$ 310 |
| 1001-1500 | \$ 450 |
| 1501-2500 | \$ 705 |
| 2501-5000 | \$ 845 |
| 5001-10,000 | \$1,475 |

Events with Overnight Camping:
Add \$265 FLAT CHARGE to per event rate

Events Longer than 3 Days in Length:
Add \$55 FOR EACH ADDITIONAL DAY to per event premiums

Events with 10,000 or more attendees rated at:
\$.12 per attendee per day (Per Event)

Premium includes a \$25 fee

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|--|
| \$2,000,000. - GENERAL AGGREGATE FOR IBMA ASSOCIATION POLICY |
| \$1,000,000. - PRODUCTS/COMPLETED OPERATIONS |
| \$1,000,000. - PERSONAL & ADVERTISING INJURY |
| \$1,000,000. - EACH OCCURRENCE |
| \$ 300,000. - FIRE DAMAGE LIMIT |
| EXCLUDED - NO-FAULT MEDICAL PAYMENTS |

POLICY INCLUDES:

- ◆ DAMAGE TO PREMISES RENTED TO YOU
- ◆ CONTRACTUAL LIABILITY
- ◆ ADDITIONAL INSUREDS
- ◆ VOLUNTEERS AS ADDITIONAL INSUREDS
- ◆ NON OWNED AND HIRED AUTO LIABILITY COVERAGE

**** FOR MULTIPLE DAY EVENTS:** THE NUMBER OF ATTENDEES PER DAY IS COUNTED FOR THE TOTAL EVENT ATTENDANCE. i.e.: If one individual attends three days of a festival, they are counted each day. A head count is estimated for each day and the accumulation is used for the estimated total.

NOTABLE EXCLUSIONS: Claims by Athletic Participants, War, Terrorism, Expected or Intended Injury, Sexual

Abuse/Molestation, Total Pollution, Aircraft or Watercraft, Waterslides, Professional Liability, Use of Trampolines,

Pyrotechnics, Employment Related Practices, Communicable Disease, , Water Skiing, Rock Climbing,

Collapse of Temporary Structure, Lead Liability, Waterslides, All Motor Sports, Bungee Jumping

OPTIONAL COVERAGES: (Please call our office for information)

- VENDOR LIABILITY
- EVENT CANCELLATION / NON APPEARANCE OR WEATHER INSURANCE
- HIGHER LIMITS
- VOLUNTEER ACCIDENT MEDICAL COVERAGE.

Available by endorsement to event producer: Vendors: Food/Beverage \$95 Sales/Crafts \$80 Exhibitors/No Sales \$70

MAJOR EXCLUSIONS

PLEASE KEEP IN MIND THAT THIS GENERAL LIABILITY POLICY EXCLUDES:

- Claims by Athletic Participants
- ABUSE AND MOLESTATION
- TOTAL FIREWORKS/PYROTECHNICS
- COMMERCIAL LIQUOR LIABILITY
- COLLAPSE OF TEMPORARY STRUCTURES (I.E STAGES, BLEACHERS, ETC)

COMMENTS AND RECOMENDATIONS

- IF ALCOHOL IS BEING **SOLD BY YOUR ORGANIZATION**, PLEASE CONTACT US AS SOON AS POSSIBLE AS YOU NEED COMMERCIAL LIQUOR LIABILITY WHICH IS NOT INCLUDED UNDER THIS PROGRAM.
- IF YOUR VOLUNTEERS OR EMPLOYEES ARE ERECTING STAGES OR TENTS AND THOSE OPERATIONS RESULT IN A CLAIM, THAT EXPOSURE IS EXCLUDED FROM COVERAGE UNDER THE IBMA PROGRAM: "COLLAPSE OF TEMPORARY STRUCTURES." WE RECOMMEND YOU HIRE AN OUTSIDE STAGE OR TENT COMPANY THAT HAS INSURANCE TO PERFORM THESE OPERATIONS SO AS TO TRANSFER THE LIABILITY EXPOSURE.
- IF ALCOHOL SERVICE, SECURITY OR STAGE/TENT SUPPLIERS ARE BEING OUTSOURCED, WE RECOMMEND THAT YOU OBTAIN CERTIFICATES OF INSURANCE FROM THESE COMPANIES AND ASK THEM TO LIST YOU OR YOUR ORGANIZATION AS ADDITIONAL INSURED ON THEIR POLICY.
- IF SECURITY IS BEING PROVIDED BY VOLUNTEERS OR EMPLOYEES, PLEASE KEEP IN MIND THAT THERE IS ASSAULT AND BATTERY EXCLUSION UNDER THIS POLICY.

CONTACT INFORMATION

- TO BIND COVERAGE, ALL APPLICANTS MUST BE OR BECOME CURRENT PROFESSIONAL MEMBERS OF THE INTERNATIONAL BLUEGRASS MUSIC ASSOCIATION (IBMA). IF YOU ARE NOT A PROFESSIONAL MEMBER, PLEASE CONTACT IBMA AT 1-888-438-4262 OR WWW.IBMA.ORG.
- IF YOU ARE AN IBMA MEMBER PLEASE SEND THE COMPLETED APPLICATION, COPY OF INSURANCE SECTION OF THE RENTAL CONTRACT WITH THE FACILITY AND PAYMENT TO:

**GALES CREEK INSURANCE SERVICES, INC.
800 NW 6TH AVENUE, SUITE 335
PORTLAND, OR 97209**

PH: 503-227-0491

FAX: 503-227-0927

www.galescreek.com or IBMA@galescreek.com



Special Events Insurance Application 2010-2011

To bind coverage, all applicants MUST BE or BECOME current professional members of the International Bluegrass Music Association (IBMA).

If you re not a professional member, contact IBMA at 1-888-438-4262 or www.ibma.org

Please forward payment of your premium to our offices at the above address. If you are making payment less than 30 days from the date of your event, you must pay with a cashier's check or money order. If you are forwarding payment prior to 30 days from the event a personal or business check is acceptable.

We accept Visa and MasterCard, Please complete the following credit card authorization form & fax it or e-mail it to us for quick processing.

CONTACT NAME: _____

PHONE #: _____ FAX#: _____ EMAIL: _____

IBMA MEMBERSHIP #: _____ NAME MEMBERSHIP IS HELD IN: _____

TYPE MEMBER: [] INDIVIDUAL (OR) [] ORGANIZATIONAL MEMBERSHIP EXPIRATION DATE: _____

INSURED'S NAME: _____

MAILING ADDRESS: _____ STREET _____

CITY STATE ZIP

EVENT LOCATION: _____ FACILITY NAME/ADDRESS _____

CITY STATE ZIP

NAME OF EVENT: _____ DATE OF EVENT: _____

TYPE OF EVENT: [] FESTIVAL [] CONCERT [] DANCE SHOW [] OTHER (specify below)

HOURS: FROM _____ TO _____ ATTENDANCE: _____

IS ALCOHOL BEING SOLD? [] YES [] NO WILL THERE BE OVERNIGHT CAMPING? [] YES [] NO

WHO IS REPNOSABLE FOR SELLING OR SERVING ALCOHOL: _____

TOTAL NUMBER OF VENDORS: FOOD: _____ CRAFTS: _____ OTHER: _____ EXPLAIN: _____

VENDOR COVERAGE NEEDED? [] YES [] NO Vendor's coverage can be added for additional premium.

Please contact agency for information on process and data needed to insurer vendors.

WHO PROVIDES SECURITY FOR THIS EVENT? VENUE COUNTY CITY STATE

EMPLOYEES/VOLUNTEERS NO SECURITY PRIVATE AGENCY

ARE CERTIFICATES OF INSURANCE REQUIRED BY ALCOHOL & SECURITY VENDORS? YES NO
WILL THERE BE FIREWORKS? YES NO BY WHOM?

HAS THIS EVENT BEEN HELD BEFORE: YES NO ANY LOSSES OR CLAIMS: YES NO

IF CLAIMS, PLEASE EXPLAIN: _____

ADDITIONAL INSURED INFORMATION

PLEASE ATTACH A COPY OF THE INSURANCE & INDEMNIFICATION SECTION OF THE RENTAL CONTRACT WITH THE FACILITY

COMPLETE NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

CONTACT NAME: _____ PHONE #: _____ FAX #: _____

CREDIT CARD AUTHORIZATION

THIS FORM MAY BE USED TO CHARGE YOUR EVENT TO VISA OR MASTERCARD ONLY.

VISA MASTERCARD CARD NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE: _____ CARDHOLDER PHONE #: _____

TOTAL CHARGE: _____

CARDHOLDER NAME: _____ SIGNATURE: _____
AS IT APPEARS ON THE CARD.

CARDHOLDER BILLING ADDRESS: _____
STREET CITY ST ZIP

The policy to which this premium applies is not subject to cancellation unless request to cancel is received 30 days prior to the event. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

**COVERAGE IS NOT BOUND UNTIL ACCEPTANCE OF THIS EVENT AND RECEIPT OF APPLICABLE PREMIUM BY STAFF OF GALES CREEK INSURANCE
NO CANCELLATION IF LESS THAN 30 DAYS BEFORE THE EVENT.**