

Request Form for Event Liability Insurance

Please provide as much detail as possible to ensure that proper coverage is obtained.

Please contact Emilia Sugiyama at (714)369-8411 or email

EmiliaSugiyama@me.com, at least 5 working days prior to event.

Name of Organizer(s):	
Contact phone numbers:	
Name of Event:	
Date & Time of Event:	
Name of Additional Insured to be	
named (if any) & full physical address:	
Full physical address of location:	
indoor/outdoor	
Purpose of Event:	Circle: Fund raiser / social event / awareness / member's section
1 ut pose of Event.	Chele. Fund faiser / social event / awareness / member's section
Estimated # of attendees:	
Estimated in 61 attendeds	
Estimated funds raised (if applicable)	
Estimated funds faised (if applicable)	
Will there be Food Service*:	
Provide details & Certificate of Insurance	
Will Alcohol be served:	Circle: Beer / Wine / Hard Liquor
Will Alcohol be served.	Circle. Beer / Wille / Hard Elquor
Durani da arama afli mara li arama	
Provide copy of liquor license	
Any Vendors*/Minors*/Entertainment*	
(see below in red)	
Provide details and certificate of Ins.	
Transportation & noulving provided	
Transportation & parking provided	
Provide details	

[•] If vendors and other Independent Contractors are invited to participate, they must sign a 'hold harmless agreement" and/or provide a Certificate of Insurance. Please see attached agreement. If minors are participating, see attached waiver form.

HOLD HARMLESS AGREEMENT

Concessionaires and Other Service Providers

The

(a)	Maintain at all times while performing under this agreement, the insurance coverage set forth below with insurers
. ,	satisfactory to OPAWL (hereinafter "the organization") for policy limits not less than the amounts stated
	below.

(Concessionaire) shall, at its own and sole expense:

Worker's Compensation Insurance as required by the laws and regulations applicable to and covering employees of Concessionaire engaged in the performance of work under this agreement.

Commercial General Liability (CGL) (or Public Liability) insurance with limits of liability of not less than: Bodily Injury - \$1 million (\$1,000,000) each person per occurrence/aggregate limits. This policy shall cover, among other risks, the contractual liability assumed by Concessionaire under the indemnification provisions set for the in this agreement, personal injury coverage, premises liability coverage and advertising injury coverage with limits of liability identical to coverage for Bodily Injury as stated above.

Automobile Liability insurance, included non-owned and hired vehicle coverage with limits of liability of not less than \$1 million (\$1,000,000) combined single limit per occurrence and in the aggregate.

Note: Nothing contained in these provisions relating to insurance coverage and amounts set herein shall operate as a limitation of Concessionaire's liability.

- (b) Deliver to organization prior to commencement of the event a certificate of insurance which shall:
 - (1) Evidence the above coverage including: the identity of the insurer(s), the policy number(s), the effective dates of converge and the limits of liability
 - (2) Name the organization and all of its officers, directors, members, employees and volunteers as additional insured's.
 - (3) Specifically reference the indemnification provisions set forth in paragraph (c) of this agreement.
 - (4) Provide that any change restricting or reducing coverage or the cancellation of any polices under which such certificate is issued shall not be valid as respects organization's interest therein until organization has received thirty (30) days notice in writing of such change or cancellation.
 - (5) Contain the following language: "The insurance afforded by this policy shall be primary insurance to any other valid and collectible insurance"

Note: Failure of Concessionaire to keep the required policies in full force and effect during the work covered by this agreement shall constitute a breech of this agreement. In the event of a breach, organization shall have the right, in addition to any other rights, to immediately cancel and terminate this agreement without further cost to organization, by notifying Concessionaire in writing of such cancellation and termination.

(c) If a person, entity or organization makes a claim against organization (including its officers, directors, employees, agents and/or volunteers) and that organization (including it's officers, directors, employees, agents and/or volunteers) is or may be liable for loss or damage sustained by the person, entity or organization, immediately upon organization's written request, Concessionaire will take all steps necessary, including hiring counsel, to defend, protect, indemnify, hold harmless and render whole organization (including its officers, directors, employees, agents an/or volunteers) against any and all claims, demands, suits or causes of action brought against organization (including its officers, directors, employees, agents and/or volunteers) for all liability, damage or los, whether sought under law or in equity, which may be asserted against organization (including its offers, director, employees, agents and/or volunteers). The obligation undertaken by Concessionaire in this paragraph arises if the claims made against organization (including its officers, directors, employees, agents and/or volunteers) are on account of injury, loss or damage caused by, arising out of, or in any way incidental to the conduct or operation of Concessionaire.

Organization and Concessionaires agree that the obligations under this agreement include, but are not limited to, those situations where liability for (1) injury, loss or damage is caused by the combined or concurrent negligence of organization, Concessionaire or any third party (and any of their respective officers, directors, employees, agents and/or volunteers); and/or (2) injury, loss, or damages arises with or without fault based on any theory of strict liability, statutory liability or by operation of law.

Organization and Concessionaire agree that to the extent this indemnification or organization (its officers. Directors, employee, agents and/or volunteers) for injury, loss or damage may be found to be contrary to existing or newly-enacted law, this provision, to such extent (and only to such extent) is and shall be void or voidable. In such instance, Concessionaire agrees to immediately defend, indemnify, save and hold organization harmless to the fullest extent allowed by law.

NOTE: The terms and conditions of	this agreement shall apply with respect to Concessionaire's operations locat	ed at:
	DATE:	
SIGNED:	TITI E-	

Concessionaire

Participant Waiver and Release *For Minors*

	has my permission to participate in								
	Name of	Minor							
			on Date						
	Event or Activity	Activity	D		vate				
at			from _		to				
	Location	1		Beginning Time	Ending Ti	me			
I understa	nd and ackno	wledge that (provide des	cription of	factivity: hiking, swi	mming, horseb	pack riding) poses risks			
to my		, including the	e risk of se	rious injury or death.	-				
	Son, Da	ughter							
I (we), as	parent(s) or g	uardians(s) of the minor	, do hereby	y, for my		,			
		utors and administrators,							
otherwise, participati	from any and on in the abo	s, directors, employees, a d all claims, demands, ac we noted event. I hereby	ctions or ca certify tha	nuses of action which t the minor is my	in any way ar	ise from the minor's			
and that h	is/her day of l	Date	, and I	do hereby certify that	to the best of	my knowledge and			
belief said administer including	minor is in gred. It is furth payment of corrunusual ph	good health. In case of ill er understood that the un osts. I hereby advise that ysical conditions which	ness or acondersigned the above	cident, permission is g will assume full resp named minor has had	granted for em onsibility for a d all the follow	ergency treatment to be any such action, ving allergies, medicine			
1									
Sig	gnature	Print Name		Address	City	Phone #			
2.									
Sig	gnature	Print Name		Address	City	Phone #			
Alternate	Adult:								
Sig	gnature	Print Name		Address	City	Phone #			