



SPECIAL EVENTS LIABILITY INSURANCE REQUEST

HUMAN RESOURCES SERVICE GROUP

Safety & Risk Services ■ One Washington Square ■ San José, CA 95192-0046

408-924-2150 ■ 408-924-2148 (fax)

Instructions: Please print using blue or black ink pen. Send completed form to Safety & Risk Services, 0046.

EVENT DESCRIPTION

Name of Event: _____

Sponsoring Organization: _____

Faculty or Staff Sponsor Printed Name & Signature (Mandatory): _____

Date(s) and Times to be held (include Set-Up and Take-Down Days): _____

Campus Location of Event: _____

Description of Event, Entertainment: _____

Attendance By Group:	Number	Participants?	Spectators?	Total Number Per Day
1. SJSU Students				
2. SJSU Faculty				
3. SJSU Staff				
4. Volunteers				
5. Non-SJSU-Affiliated:				
a. Paid Performers				
b. Vendors & Exhibitors				
c. Caterers				
d. Other				
Total				

(Total Attendance per Day) x (Total Number of Days) = _____

Will alcoholic beverages be served? _____ Be sold? _____

Will food, non-alcoholic beverages be served? _____ Be sold? _____

Are there written contracts / agreements for this event? If yes, provide name and address for coverage as additional insureds, and attach copy of agreement: _____

Signature of Preparer: _____ Phone Number: _____

Printed Name: _____ Email: _____

Role / Responsibility of Preparer: _____ Date: _____

Note: Once Insurance Coverage has been bound, it cannot be cancelled.