

EVENT INSURANCE INFORMATION / APPLICATION

(This coverage may be available in the open market.)

This insurance program was developed to provide liability insurance for our customers leasing space from the Little Rock Advertising & Promotion Commission in the Statehouse Convention Center and/or Robinson Center. This form is not intended to replace the policy which should be referred to for specific coverage's and exclusions. The policy is on file at the Little Rock Advertising & Promotion Commission.

INSURER: First Specialty	LIMITS OF LIABILITY:
COVERAGE: Bodily Injury and Property Damage Third Party Liability	\$2,000,000 general aggregate, commercial general liability \$2,000,000 products-completed operations \$1,000,000 personal/advertising injury \$1,000,000 each occurrence \$ 50,000 fire damage legal (any one fire)
DEDUCTIBLES: \$500 each occurrence	

RATES:

\$.156 per attendance day per delegate subject to a minimum premium of \$50.00 per event.

Any event with less than 320 delegates will be subject to the \$50.00 minimum. Events in excess of 320 delegates will be charged a rate of \$.156 per attendance day, per delegate.

Attendance days equal the estimated attendance times the number of days the event is held. **EXAMPLE: (200 delegates attending a 3-day meeting) 200 X 3 = 600 delegates. 600 delegates X .156 = \$93.60.**

PAYMENT OF PREMIUM:

Payment is to be remitted in advance, and shall be cash or certified check payable to the Little Rock Advertising & Promotion Commission, unless written consent is granted by center management for other payment plans.

PAYMENT WILL BE BASED ON THE MOST ACCURATE ESTIMATE AVAILABLE (SEE BELOW), THERE ARE NO REFUNDS GIVEN ADDITIONAL PREMIUMS CHARGED.

EVENTS COOR: _____

CONTACT NAME: _____

ORGANIZATION NAME: _____ **PHONE:** _____

ORGANIZATION ADDRESS: _____

EVENT NAME: _____

EVENT DATES: _____

TOTAL ATTENDANCE DAYS: _____ **PREMIUM DUE: \$** _____

I have read and understand the above, and have furnished the information necessary to compute the premium shown.

BY: _____ **DATE:** _____

REPORTED TO AGENT: _____ **BY:** _____ **DATE PREMIUM RECEIVED:** _____ **AMOUNT: \$** _____

SUSPENSE FILE FOR: _____ **DATE CERTIFICATE RECEIVED:** _____