

## How to Submit a Completed Liability Form For Your Event

Go to <http://ucla.campusconnexionsuc.com> and click on "Clubs & Organizations Coverage" and then "FAS, Emeriti and Retiree Event Liability"

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The University provides Event Liability coverage for events sponsored by UC-affiliated foundations, alumni associations, and support groups. Learn how to qualify your event for coverage under this policy.

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FAS, EMERITI & RETIREE EVENT LIABILITY

The University provides Event Liability coverage for events sponsored by UC-affiliated foundations, alumni associations, and support groups. Learn how to qualify your event for coverage under this policy.



BACKGROUND

The University of California provides Event Liability coverage for events sponsored by qualified UC-affiliated foundations, alumni associations, and support groups. FAS Event Liability insurance provides coverage for certain liabilities arising from foundation, alumni association, and support group events and related activities.

Coverage is as follows:

Coverage: Commercial General Liability

Insured: The Regents of the University of California

Covers: General Liability, Damage To Premises Rented To You, Medical Expense, Personal & Advertising Injury, and Products & Completed Operations

The UC Foundation Alumni & Support Group/Emeriti & Retiree policies renew on July 1st each year. During the renewal process and website update, you may not be able to access the online registration. If you need to obtain a Certificate of Insurance during this time, a manual application (pdf) can be emailed to our team at: [plsdteam.service@mercer.com](mailto:plsdteam.service@mercer.com).

HIGHLIGHTS

The University of California provides Event Liability coverage for events sponsored by UC-affiliated foundations, alumni associations, and

FAS APPLY ONLINE



EMERITI & RETIREE APPLY ONLINE

## FAS Event Liability Occurrence Policy - Step 1 of 6

[FAS Groups Registration  
Form](#)

Welcome to the site for enrollment in Event Liability Insurance. The process is simple. With this online program, you will be able to bind coverage in a few easy steps.

*The UC Foundation Alumni & Support Group/Emeriti & Retiree policies renew on July 1<sup>st</sup> each year. During the renewal process and website update, you may not be able to access the on line registration. If you need to obtain a Certificate of Insurance during this time, a manual application (pdf) can be emailed to our team at: [plsdsteam.service@mercer.com](mailto:plsdsteam.service@mercer.com)*  
To get started please provide the information below:

1) Event Description *	<input type="text"/>
2) Additional Event Description Detail:*	<input type="text"/>
3) Event Start Date: * 	<input type="text"/> 21
4) Event End Date: * 	<input type="text"/> 21
5) Is the event being held on a watercraft?*	<input type="radio"/> Yes <input type="radio"/> No

Click Continue to Proceed.

\*All Questions must be answered

Continue



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AR Ins. Lic. #100102691

Answer all questions marked with an asterisk, and then hit "Continue".

FAS Groups Event Liability  
Occurrence Policy - Step 2 of 6[Exit Application](#)

Foundation Information	
Type of Group:*	Alumni ▼
Choose Appropriate Group: ?	
San Francisco Bay Area Bruins ▼	
Organization Address Line 1*	
Organization Address Line 2	
City:*	
State:*	Please Select ▼
Zip Code:*	-
Organization Website	www.bayareabruins.com
Contact Person Email*	
Contact Person Name*	
Contact Person Phone#*	
Total # of Expected Attendees*	
Max # of Expected Attendees at one time*	
Event Information	
Event being held on Campus? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Location of Event Name*	
Location of Event Address Line 1*	
Location of Event Address Line 2	
Location City:*	
Location State:*	Please Select ▼
Location Zip Code:*	-
Does the Cert Holder need to be listed as Additional Insured? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Need additional Cert for anyone other than the venue above?*	<input type="radio"/> Yes <input checked="" type="radio"/> No

Click Continue to Proceed.  
\*All Questions must be answered

Back

Continue

Answer all questions marked with an asterisk, and then hit "Continue".

- Type of Group - select "Alumni" from the drop down menu.
- Choose Appropriate Group - select "San Francisco Bay Area Bruins" from the drop down menu.
- Organization Address - enter your address.
- Organization Website - enter "www.bayareabruins.com".
- Does the Cert Holder need to be listed as Additional Insured? - answer "Yes".
- Need additional Cert for anyone other than the venue above? - answer "No".

## FAS Groups Event Liability Occurrence Policy - Step 3 of 6

[Exit Application](#)

Sporting Event	
Sporting Event? *	<input type="radio"/> Yes <input type="radio"/> No
Vehicle used for the Event	
Vehicle being rented for transportation of attendees? *	<input type="radio"/> Yes <input type="radio"/> No
Personal vehicles used? *	<input type="radio"/> Yes <input type="radio"/> No
Product Coverage	
Is Product Liability coverage requested? * 	<input type="radio"/> Yes <input type="radio"/> No
Advise if any of the following will be present during the event.	
Are Amusements provided? * 	<input type="radio"/> Yes <input type="radio"/> No
Are Inflatables provided? *	<input type="radio"/> Yes <input type="radio"/> No
Are Tents provided? *	<input type="radio"/> Yes <input type="radio"/> No
Entertainment Provided? *	<input type="radio"/> Yes <input type="radio"/> No
Is your group providing valet parking? *	<input type="radio"/> Yes <input type="radio"/> No
Is armed/non-armed security being provided? *	<input type="radio"/> Yes <input type="radio"/> No
Is liquor being sold or served? *	<input type="radio"/> Yes <input type="radio"/> No
Any personal vehicles being used for Alumni or Foundation Use? *	<input type="radio"/> Yes <input type="radio"/> No

Click Continue to Proceed.  
\* All Questions must be answered

Back

Continue

Answer all questions marked with an asterisk, and then hit "Continue".



PRINT

## FAS Employee Group Club Event Liability Confirmation Page

Step 4 of 6

Please verify your information below then click the "Continue" button to proceed or click "Back" to make any changes.

[Exit Application](#)

Event Effective Date:	April 01, 2018 from 12:01 a.m.
Event Expiration Date:	April 02, 2018 to 12:01 a.m.
Your Coverage Limits:	\$2,500,000/\$10,000,000 Per Occurrence/Annual Aggregate
<b>Insured Information</b>	
Insured Name:	San Francisco Bay Area Bruins
<b>Insured Address</b>	
Address 1:	
Address 2:	
City:	
State:	
Zip:	
Phone:	
Email:	

Back

Continue

Verify all information on the Confirmation Page is correct, and then click on "Continue".

After submitting a completed application, you will receive a copy of an approved certificate of liability insurance via email.

Email a copy of the certificate to Doug Garcia at [djgarcia2@comcast.net](mailto:djgarcia2@comcast.net).



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mercer Consumer, a service of Mercer Health & Benefits Administration LLC 12421 Meredith Drive Urbandale, IA 50398	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): EMAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Ins of Pittsburgh INSURER B: UCLA INSURER C: INSURER D: INSURER E: INSURER F:
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		GL6938933	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 2,500,000 DAMAGE TO RENTED PREMISES (If a occurrence) \$ 2,500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,500,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPROP AGG \$ 10,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA2867424	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Per accident) \$ 2,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROSPECTOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				SIGNATURE <input type="checkbox"/> DATE <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability		GL6938934	07/01/2017	07/01/2018	Each common cause \$2,500,000 General Agg limit \$10,000,000


DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event Type: UCLA Baseball at Cal  
Event Campus: University of California Los Angeles  
Event Start and End Dates: 03/29/2018 12:01 a.m. 04/01/2018 12:01 a.m.

Certificate Number: UCFASEL106981  
FAS Group Name: San Francisco Bay Area Bruins

## CERTIFICATE HOLDER

## CANCELLATION

Evans Diamond, UC Berkeley Frank Schlessinger Way  Berkeley, CA 94720	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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