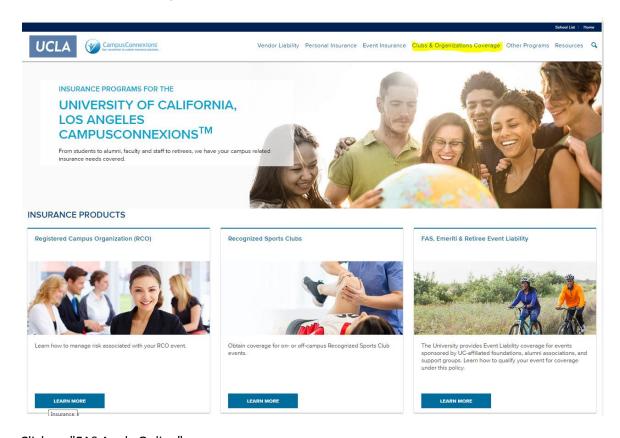
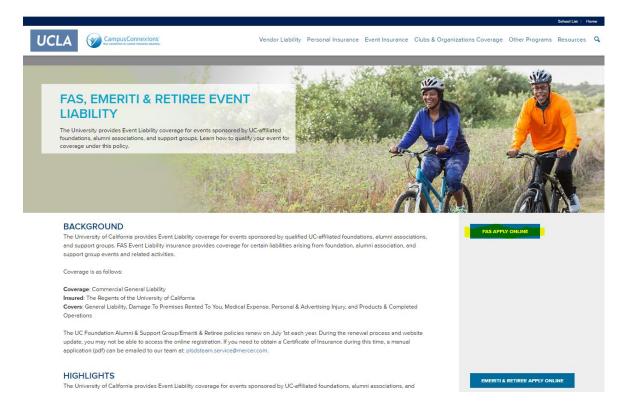
#### How to Submit a Completed Liability Form For Your Event

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



### Click on "FAS Apply Online"



FAS Groups Registration

Form

# FAS Event Liability Occurrence Policy - Step 1 of 6

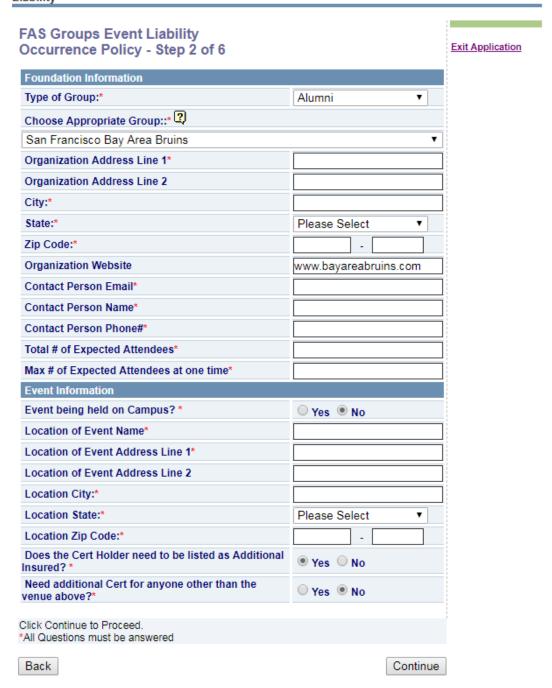
Welcome to the site for enrollment in Event Liability Insurance. The process is simple. With this online program, you will be able to bind coverage in a few easy steps.

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: <a href="mailto:plsdsteam.service@mercer.com">plsdsteam.service@mercer.com</a>
To get started please provide the information below:

1) Event Description *		
2) Additional Event Description Detail:*		
3) Event Start Date:* 2		
5) Event start bate. 4	21	
(m)		
4) Event End Date:* 🛂	21	
	21	
5) Is the event being held on a watercraft?*	○ Yes ○ No	
Click Continue to Proceed.		
*All Questions must be answered		
		Continue
*All Questions must be answered		Continu



Answer all questions marked with an asterisk, and then hit "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	Exit Application	
Occurrence Policy - Step 3 of 6	<u>Exit Application</u>	
Sporting Event		
Sporting Event?*	O Yes O No	
Vehicle used for the Event		
Vehicle being rented for transportation of attendees? *	○ Yes ○ No	
Personal vehicles used? *	○ Yes ○ No	
Product Coverage		
Is Product Liability coverage requested?* 2	○ Yes ○ No	
Advise if any of the following will be present during the eve		
Are Amusements provided? * 2	○ Yes ○ No	
Are Inflatables provided? *	○ Yes ○ No	
Are Tents provided?*	○ Yes ○ No	
Entertainment Provided? *	○ Yes ○ No	
Is your group providing valet parking? *	○ Yes ○ No	
Is armed/non-armed security being provided? *	○ Yes ○ No	
Is liquor being sold or served?*	○ Yes ○ No	
Any personal vehicles being used for Alumni or Foundation Use? *	○ Yes ○ No	
Click Continue to Proceed. * All Questions must be answered		
Back	Continue	]

Answer all questions marked with an asterisk, and then hit "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 digarcia2@comcast.net.

## ACORD"

Urbandale, IA 50398

1111 Franklin St - 10th Floor

The Regents of the University of California

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/19/2018

NAIC#

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE 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). CONTACT NAME: PHONE (A/C, No, Ext): Mercer Consumer, a service of Mercer Health & Benefits Administration LLC EMAIL ADDRESS: 12421 Meredith Drive

INSURERA:

INSURER C

INSURER B : UCLA

INSURER(8) AFFORDING COVERAGE

National Union Fire Ins of Pittsburgh

Oa	dand, CA 94607			۲-	NOORERD:					
					NSURER E:					
					NSURER F:					
TI PI W	COVERAGES  CERTIFICATE 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.  INST. POLICYEFF POLICYERP POLICYERP									
INSR LTR	TYPEOFINSURANCE	INŜD	WVD	POLICY NUMBER		MMEDITION	POLICYEXP (MACOCITYY)			
Α	X COMMERCIAL GENERAL LIABILITY		$\Box$	GL6938933		07/01/2017	07/01/2018	DAMAGE TO RENTED	\$ 2,500,	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 2,500,	
								MED EXP (Any one person)	\$ 10,000	
								PERSONAL & ADV INJURY	\$ 2,500,	
	GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 10,000	
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$ 10,000	0,000
<u> </u>	AUTOMOBILE LIABILITY	$\vdash\vdash$		01	-			COMBINED SINGLE LIMIT	\$ 2,500.0	
A	ANY AUTO			CA2867424		07/01/2017	07/01/2018	(Ea accident)  BODILY INJURY (Per person)	\$ 2,500,0	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	3	
	AUTOS ONLY AUTOS  X HIREDAUTOS X NON-OWNED							PROPERTY DAMAGE	3	
	AUTOS ONLY							(Per accident)	\$	
_	UMBRELIA LIAB COCCUR	$\vdash\vdash$			-				-	
	EXCESSLIAB CLAIMS-MADE		П					AGGREGATE	\$	
	COMMUNICA	[ ]						AUGREGAIE	3	
$\vdash$	DED RETENTION \$ WORKERS COMPENSATION	Н			-			EFRTUTE ST#	3	
	AND EMPLOYERS' LIABILITY Y/N							E.L. EACH ACCIDENT	\$	
	ANYPHOPHIETO INPART NEIVEXECUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	3	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
Α	Liquor Liability	Н		GL6938934	-	07/01/2017	07/01/2018	Each common cause \$2.500.00		000
	English Extensive			5255555		07/01/2017	07/01/2010	General Agg limit	\$10,00	
DESC	RIPTION OF OPERATIONS/LOCATIONS/VEHIC	LES (	COR	D 101, Additional Remarks Schedu	ule, may b	e attached if mor	e apace la requir	ed)		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Event Type: UCLA Basebali at Cal Certificate Number: UCFASEL106981  Event Campus: University of California Los Angeles FAS Group Name: San Francisco Bay Area Bruins  Event Start and End Dates: 03/29/2018 12:01 a.m. 04/01/2018 12:01 a.m.										
CE	RTIFICATE HOLDER			C	ANCE	LLATION				
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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