SPECIAL EVENT LIABILITY INSURANCE APPLICATION – LOS ANGELES UNIFIED SCHOOL DISTRICT



Alliant Insurance Services, Inc. in conjunction with Apex Insurance Services
P. O. Box 6450
Newport Beach, CA 92658

REQUEST FOR GENERAL LIABILITY INSURANCE QUOTE

112				
OF EDUCATION		Event Spon	Date: sor (PTA, Boo Organization	ster Clubetc.)
Non-LAUSD entities and other thir District facility or participating in a s		roof of insu	rance prior to	using any
ndividual or Organization Name:				
Address:				
Contact Person:				
Phone: ()	Fax: ()		
E-mail:				
Type of Event/Contract/Lease:				
Please check:	□ Athletic Event □	Vendors		
☐ Food/Concessions	□ Parking Lot overflow □	Animals	□ other:	
Date(s) of Event:			_ Event Time	<u>:</u>
School/Facility Name & Address:				
Anticipated Total Event Attendance	per Day: [Participants, Spectators, S	Staff and Gue	ests]:	
Does your organization have Genera	Liability Insurance?			
□ YES (Please include a copy of the i □ NO (Do you plan to purchase cove Events Liability Program?	rage from a broker or would you li	ke a quote	from the Distr	ict's Special)
lave you contacted the Leasing & A	sset Management Branch? (213) 2	41-6785:	□ YES	□ NO
NSTRUCTIONS: (Allow 30 days t	o process)			
1. Fill out the information above	and return to Risk Management (Y	ou may fax	or email as a	ttachment)

- 2. Please include a list of planned events and activities or a detailed agenda!
- 3. If we have additional questions, we will contact you by telephone, fax or email.

Division of Risk Management & Insurance Services

Los Angeles Unified School District- 333 South Beaudry Avenue, 28th Floor, Los Angeles CA 90017

Telephone (213) 241-0329 Facsímile (213) 241-8956

Website: http://Riskmanagement.lausd.net Email: riskfinance@lausd.net