



# NAWIC • National Association of Women in Construction

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February 24, 2010

From: Dede Hughes, NAWIC Executive Vice President

Re: NAWIC's Special Events Insurance Policy

## SPECIAL EVENTS INSURANCE SPECIFICATIONS

- Following is a list of special events and the additional charges assessed for each.
- Payment of the applicable charges will be the sole responsibility of the chapter holding the event.
- Chapters will be invoiced for the event charges upon receipt of the Certificate of Insurance (COI).
- Events held that do not have proper certification will not be covered under our policy.
- It is extremely important to submit completed COI Requests at least 3-4 weeks prior to the date of the special event in order to obtain proper certification.

### GREEN EVENTS

These events will be covered with no premium charge.

All Green Events must submit a Request for Certificate of Insurance Form in order to be covered for the Event.

- |  |   |
|--|---|
| • Car Washes                             | • Art Auctions  |
| • Silent Auction                         | • Wine Tastings   |
| • Dinner / Dinner Dances                 | • Picnics with no Athletic Events                           |
| • Mall Exhibits                          | • Small Exhibits: up to 5,000 square ft and non-interactive |
| • Christmas Tree Sales                   | • House Tours   |
| • Craft Shows with no Admission Charge   | • Golf Outings up to 144 Participants                       |
| • Fashion Shows with no Admission Charge |   |

### YELLOW EVENTS

All Yellow Events must submit a Request for Certificate of Insurance Form in order to be covered for the event.

These events will be assessed the premium charges as follows:

EVENT:	FLAT RATE PER EVENT:	
	0-500 Participants	501-2500 Participants
• Antique Show	\$112	\$280
• Parades w/ Permits	\$168	\$840
• Casino Night	\$280	\$840
• Concerts (no rock bands)	\$560	\$1,120
• Fairs / Carnivals	\$560	\$1,120
• Theater Productions	\$280	\$840
• Exhibitions for Fund Raising	\$280	\$840
• Events for Children- <b>Includes NEF Block Kids Events</b>	\$280	\$840
• Events with Animals	\$560	\$1,120
• Exhibitions: over 5,000 Square ft or interactive	\$560	\$1,120
• Golf Outings exceeding 144 Participants will be assessed a Flat Charge of \$168		

### SPECIAL EVENTS - ATHLETIC EVENTS

All Athletic Events must submit a Request for Certificate of Insurance Form in order to be covered for the event.

- Road Races • Fun Runs • Walk-a-thons • Bike Races • Bowling Tournaments

The charges below will be assessed for each event based on the number of participants.

NUMBER OF PARTICIPANTS:	FLAT CHARGE PER EVENT DAY:
1-1,000	\$168
1,001-5,000	\$336
5,001-10,000	\$560

### LIQUOR LIABILITY

Liquor Liability may be provided for a specific event and day. A completed Request for Certificate of Insurance Form must be submitted in order for the event to be covered. The limit of liability is \$1,000,000 per occurrence.

- Coverage will be provided at a Flat Charge of \$392 per event.

### RED EVENTS

These events are considered extremely high hazard and will be **excluded** from the policy.

- Site Visits
- Habitat for Humanity Projects
- Mechanically Operated Amusement Devices
- Watercraft / Water Related Events
- Horse Shows / Races
- Air Shows
- Balloon Rides
- Biking
- Sky Diving
- Bungee Jumping
- Mountain Climbing
- Auto / Motorcycle Races
- Haunted House
- Fireworks Displays
- Boat Rides including Pontoon Boats
- Animal Rides
- Mechanical Rides
- Camps (includes MAGIC Camp, etc.)
- Outdoor Adventures:  
White Water Rafting, Parades without Permits,  
Road Races & Athletic Events with  
over 10,000 participants
- Career Days Events (A chapter, when working  
with the Federal Highway Department, can get  
One-Day Event Coverage through a local carrier  
and be reimbursed by the FHD. You will need to  
talk to your local FHD sponsor prior to the event.)

Please Contact the NAWIC Office with any questions you have regarding this information.

Thank you for your cooperation and compliance with these specifications.

## RELEASE AND WAIVER OF LIABILITY

Event \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

I hereby release, indemnify, and hold harmless \_\_\_\_\_, and its directors, officers, employees, and agents from any and all liability claims, demands, and causes of action, of whatever kind or nature (including any injury caused by negligence) incurred in conjunction with my participation in the activity described above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN**

**MUST SIGN BELOW.**

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to minor \_\_\_\_\_

# REQUEST FOR CERTIFICATE OF INSURANCE (COI) FORM

## ◆CHAPTER LIABILITY INSURANCE◆

THIS FORM MUST BE RECEIVED BY THE NAWIC OFFICE AT LEAST THREE – FOUR (3-4) WEEKS PRIOR TO THE EVENT IN ORDER TO BE PROCESSED. THIS FORM MUST BE FILLED OUT COMPLETELY. TYPE OR PRINT LEGIBLY.

**INSURED:** (member will receive a copy of COI from the NAWIC Office)

Chapter Name:

Chapter #:

Region#:

Name of Member Requesting Certificate:

Company:

Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

### EVENT DETAILS:

Does Chapter Sponsor this Event?

Yes

No

Name of Event:

Description of Event / Chapter Function:

Event Date:

Estimated Attendance:

Admission Charge:

\$

Is Food or Beverage Sold or Served by Chapter?

Sold

Served

No

If Sold or Served provide details:

Location of Event:

Address:

City, State, Zip:

### CERTIFICATE HOLDER: (COI will be sent to the Facility Requesting Proof of Liability)

Facility Requesting Proof of Liability:

Address:

City, State, Zip:

Fax Number:

Is facility requesting to be named as additional insured? If yes, a copy of the contract must be submitted with this request for the COI to be issued.

Yes

No

Special wording or other additional insured to be listed? If yes, this could lead to an additional cost that would be assessed to the chapter.

Yes

No

(list below)

Signature:

Date:

I certify that the name printed above acts as my signature

Submit Request Form to the NAWIC Office, attention: Theresa Price at [theresap@nawic.org](mailto:theresap@nawic.org) or by fax to (817) 877-0324