

## RSO Groups - Event Liability Insurance Application

Phone: 866-838-9536

E-mail: [plsdsteam.service@getamba.com](mailto:plsdsteam.service@getamba.com)

Please complete all fields, any incomplete applications will be sent back to applicant.

School/Campus Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person Name (Billing): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Email address: \_\_\_\_\_

1. If the event is any of the following, is it of a political nature? Yes  No

**All events of a political nature are not eligible for this coverage. Please contact us at 1-866-838-9536 for assistance. Conference, Convention, Lecture, Rally, Seminar, Speaking Engagement or Symposium.**

2. Date(s) of Event(s): \_\_\_\_\_

3. Where will the event be held? On Campus  Off Campus

4. Location of Event(s):

a. Location Name: \_\_\_\_\_

b. Street Address 1: \_\_\_\_\_

c. Street Address 2: \_\_\_\_\_

d. City: \_\_\_\_\_

e. State: \_\_\_\_\_

f. Zip Code: \_\_\_\_\_

5. Complete description of event(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Total Estimated # of Attendees/Spectators: \_\_\_\_\_

7. Is coverage needed for any outside Vendors, Exhibitors, or Performers? Yes  No

*If outside Vendors, Exhibitors, or Performers are present, you must obtain a copy of their Liability Certificate of Insurance (COI) with your student group and the school named as an Additional Insured. If they do not have this coverage, some exhibitors, small vendors, and musician performers (solo or group) may call us for assistance at 1-866-838-9536. Those with an established business, such as caterers, DJ's, and photographers, are required to provide their own liability or business owner's package proof of insurance.*

8. Is Products Liability coverage needed for the sale of food, beverages and or souvenirs? Yes  No

If "Yes", please answer questions a & b below as applicable.

If sales receipts are over \$10,000 further underwriting review is required which may take up to 7-10 days.

- a. Provide the dollar value of all estimated total product sales receipts: \$ \_\_\_\_\_
- b. Will food and/or beverages be sold? Yes  No 
  - i. Is the RSO Group following food and beverage safety protocols with the items being served/sold? Yes  No

9. Will security be present for the event? Yes  No

If "Yes", please answer questions a-c; otherwise, skip to the next question.

a. Provide the total number, armed and unarmed, for each type of security service that will be used.

If an outside agency, a Certificate of Insurance is required naming the student group and school as Additional Insured's with Limits of Liability equal to or greater than \$1,000,000 per occurrence and \$1,000,000 aggregate limits.

i. Campus Security/Police: Total Armed \_\_\_\_\_ Total Unarmed \_\_\_\_\_  None  
Times/Dates Present \_\_\_\_\_

ii. Outside Agency: Total Armed \_\_\_\_\_ Total Unarmed \_\_\_\_\_  None  
Agency Name: \_\_\_\_\_  
Times/Dates Present \_\_\_\_\_

iii. Local Police: Total count \_\_\_\_\_  None  
Times/Dates Present \_\_\_\_\_

All events with outside agency security or police require further underwriting review which may take up to 7-10 days.

b. Will local authorities be made aware of the event? Yes  No

c. Who is paying for/providing the security services? \_\_\_\_\_

10. Are minors (under age 18) participating in the event? Yes  No

If "Yes", please answer questions a-f below. If "No", go to the next question.

- a. Number of minors? \_\_\_\_\_
- b. Number of chaperones? \_\_\_\_\_
- c. Number of total RSO Group members? \_\_\_\_\_
- d. Number of RSO Members over age 21? \_\_\_\_\_
- e. What time does the event start and end? \_\_\_\_\_

Please submit a schedule of activities via email to [plsdsteam.service@getamba.com](mailto:plsdsteam.service@getamba.com) state the event name and dates in the email subject line.

f. If On Campus event, are there any activities Off Campus? Yes  No

If "Yes", please apply for the RSO Off Campus coverage for those activities. Also, transportation to and from the off campus activity will not be covered under the Certificate of Insurance.

11. Is this an overnight event or camp? Event  Camp  Not Applicable

If "Yes", and minors are included, please provide proof that the Campus Risk Office has acknowledged the event and submit a schedule of activities via email to [plsdsteam.service@getamba.com](mailto:plsdsteam.service@getamba.com) stating the event name and dates in the email subject line, and answer questions a-e below. If no minors, then skip to the next question.

All overnight events/camps with minors require further underwriting review which may take up to 7-10 days.

- a. Where will the minors stay overnight? \_\_\_\_\_
- b. Will there be chaperones? Yes  No 
  - i. Will background checks be done on all chaperones? Yes  No
  - ii. Will any chaperones stay at the same location as the minors overnight? Yes  No
- c. Will the RSO Group members follow any applicable policies for minors on campus? Yes  No
- d. What training is required for RSO Group members? \_\_\_\_\_
- e. Will any RSO Group members stay at the same location as the minors overnight? Yes  No

12. Is this an athletic/sporting activity or camp: Yes  No

If "Yes", please answer questions a-d; if "No", skip to the next question.

a. Do you want coverage for players/participants/campers? Yes  No

All sports players/participants/campers must have Accident Medical coverage in place with limits no less than \$10,000 and there must be an adequate Waiver and Release system in place. Failure to have both will mean that coverage for Participants Legal Liability is void for all players/participants. Accident Medical applications are available on the school's CampusConnexions website or by calling us at 1-866-838-9536.

b. If yes, provide the number of players/participants/campers: \_\_\_\_\_

c. Do all players/participants/campers have the required Accident Medical Insurance of at least \$10,000? Yes  No

d. Have all player/participants/campers signed the required waivers? Yes  No

13. Is alcohol being served at no charge to attendees? Yes  No

a. If "Yes", will an outside Vendor be used for serving? Yes  No

b. What is the estimated cost of the liquor being served? \_\_\_\_\_

If an outside Vendor is serving alcohol, a Certificate of Insurance is required naming the student/campus group and the school as Additional Insureds with Limits of Liability equal to or greater than \$1,000,000 per occurrence & \$1,000,000 aggregate limits.

14. Is Liquor Liability Insurance needed? Yes  No

If "Yes", further underwriting review is required which may take up to 7-10 days.

If you are charging for liquor at the event, then Liquor Liability Insurance is required. If being sold by an insured third party (i.e. a licensed caterer), then the third party is required to provide you with proof of their Liquor Liability Insurance. In addition, check with the city and county about possible permit requirements to sell liquor.

a. Are the servers trained in alcohol awareness like TIPS? Yes  No

b. What are the estimated liquor/alcohol sales? \_\_\_\_\_

c. Provide the liquor license number (required to get coverage for liquor liability): \_\_\_\_\_

15. Advise if any of the following will be present during the event. If yes, who is responsible for set-up and operation?

If any "Yes" answers, further underwriting review is required which may take up to 7-10 days.

If any "Yes" answers, it is your responsibility to obtain a Certificate of Insurance naming your student group and the school as Additional Insureds with limits equal to or greater than \$1,000,000 per occurrence / \$1,000,000 aggregate.

Amusements*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?
Inflatables	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?
Tents (>10'x10' only)**	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsible Party?

\*Amusements references Amusement rides such as Ferris wheels, roller coasters, tilt-a-whirls, trampolines, etc.

\*\*Any rented or owned tent above the size of 10'x10'.

16. Are you required to provide proof of insurance to anyone other than the venue location provided above?

Yes  No

If "Yes", provide the name of the Certificate Holder as it should appear on the Certificate of Insurance and the street address below. This is an entity that requires a copy of the Certificate of Insurance for proof of coverage.

a. Additional Location Name: \_\_\_\_\_

b. Street Address 1: \_\_\_\_\_

c. Street Address 2: \_\_\_\_\_

d. City: \_\_\_\_\_

e. State: \_\_\_\_\_

f. Zip Code: \_\_\_\_\_

17. Does an Additional Insured need to be listed on the Certificate? Yes  No

Policy coverage is extended to this entity/individual upon request. This requires review by our underwriting team which may take 3-5 business days; for more immediate requests, please call us at 1-866-838-9536, Monday-Friday, 8am-5pm (CT).

a. If yes, is any special verbiage required on the Certificate by the Additional Insured? Yes  No

If "Yes", provide specific verbiage or specific requirements below if requested.

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Provide the name of the Additional Insured as it should appear on the Certificate of Insurance and the street address.

b. Additional Location Name: \_\_\_\_\_

c. Street Address 1: \_\_\_\_\_

d. Street Address 2: \_\_\_\_\_

e. City: \_\_\_\_\_

f. State: \_\_\_\_\_

g. Zip Code: \_\_\_\_\_

### Fraud Notices

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

**NOTICE TO MINNESOTA AND OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**NOTICE TO NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**NOTICE TO TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**\*\*\*Important\*\*\***

In accordance with industry custom, Association Member Benefits Advisors (in California DBA: Association Member Benefits & Insurance Agency) is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. These commissions are used to fund enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing, and communications. Our compensation may vary depending on the type of insurance purchased and the insurer selected.

Signing this Application shall not constitute a Binder or obligate the Company to provide this insurance, but it is agreed this Application shall be the basis on which a policy may be issued. Coverage will become effective upon approval of this Application and acceptable payment of premium.

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**CampusConnexions Program Administrator:**

AMBA  
P.O. Box 14521  
Des Moines, IA 50306

In CA d/b/a Association Member Benefits & Insurance Agency  
CA Insurance License #0196562