

## Special Event Application

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Please note:

- Questions marked in **bold** are required.
- Complete the application as fully as possible to ensure an accurate quote.
- If you have any questions please contact our offices
- **We do not provide coverage for BYOB (Bring Your Own Bottle) events.**

### GENERAL INFORMATION

**Named Insured:** \_\_\_\_\_

**Applicant's name:** \_\_\_\_\_

**Street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Describe Applicant's role and responsibility in event:** \_\_\_\_\_

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

List any Additional Insureds:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_\_

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**\*\*\*IMPORTANT\*\*\*** Please note that it is not a requirement to have all the information for Additional Insured prior to quoting/binding. Once coverage is bound we can add Additional Insured to the policy upon written request to our office. Please note that there are certain entities we cannot add to the policy; if you have a specific question about acceptable Additional Insured, please contact our office.

**EVENT INFORMATION**

**Full schedule/description of event:** \_\_\_\_\_

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

Is this part of a larger function? \_\_\_ Yes \_\_\_ No

If Yes, please describe: \_\_\_\_\_

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

Is there an admission charge? \_\_\_ Yes \_\_\_ No If Yes, cost per person? \_\_\_\_\_

Dates of event: \_\_\_\_\_ to \_\_\_\_\_

Desired coverage dates: \_\_\_\_\_ to \_\_\_\_\_

\*Include setup and teardown dates under desired coverage.

Event lasts from: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Name of location: \_\_\_\_\_

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

Location is:  Private residence  Liquor-Licensed Establishment  Indoors  
 Convention Center  Stadium  Outdoors  Arena  Fair Grounds

Other: \_\_\_\_\_

Does facility require a contract for usage?  Yes  No  
\*If Yes, a copy of the contract may be required.

**Estimated attendance per day:** \_\_\_\_\_ **Estimated total attendance:** \_\_\_\_\_

Average age of attendee: \_\_\_\_\_ Maximum capacity of facility: \_\_\_\_\_

Attendance is:  By Invitation Only  Open to the Public

**\*\*\*IMPORTANT\*\*\*** If you are looking to hold multiple events/activities for the year, please answer the following questions:

Estimated number of Annual Events (a range is fine for quoting): \_\_\_\_\_

Estimated annual Gross Receipts (a range is fine for quoting): \_\_\_\_\_

**PAST INFORMATION**

**Has this event been held before?**  Yes  No

Number of years event has been previously held? \_\_\_\_\_

Actual total attendance for previous year's event: \_\_\_\_\_

Have you ever had an insurance claim at an event similar to this? Yes  No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any carrier ever canceled or refused to renew similar insurance coverage? Yes  No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIABILITY INFORMATION**

**Required Limits of Liability:** \$1,000,000 occ / \$2,000,000 agg

Excess Liability: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Require Non-Owned/Hired Automobile coverage?  Yes  No

Require Abuse/Molestation coverage?  Yes  No

Total Liability Requested: \_\_\_\_\_

\*Total is required liability plus chosen excess liability, if any.

**COMMERCIAL GENERAL LIABILITY**

Will the event feature rides or mechanical devices?  Yes  No

Will the event feature inflatables or other rebounding devices?  Yes  No

If Yes, how many? \_\_\_\_\_

Will the event feature slides?  Yes  No Height: \_\_\_\_\_

Will the event feature animal rides or a petting zoo?  Yes  No

Will the event feature fireworks or pyrotechnics?  Yes  No

Are Vendors, Attraction Owners, and Performers required to carry their own insurance?  
 Yes  No

Will concessionaires provide you with certificate evidencing products liability with your organization named as Additional Insured?  Yes  No  No Concessionaires

Security is provided by:  Independent Contractors  Employees of the Applicant  
 On-Duty Police  Off-Duty Police  Guard Dogs

Emergency evacuation plan in place?  Yes  No  Unknown

Qualified medical personnel in attendance?  Yes  No  Unknown

Ambulance service in attendance?  Yes  No  Unknown

**MUSICAL EVENT INFORMATION**

Is this a Musical Event? \_\_\_ Yes \_\_\_ No

Performance details:

Name: \_\_\_\_\_ Genre: \_\_\_\_\_ Local \_\_\_ or National \_\_\_

Name: \_\_\_\_\_ Genre: \_\_\_\_\_ Local \_\_\_ or National \_\_\_

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**PARADE EVENT INFORMATION**

Is this a Parade Event? \_\_\_ Yes \_\_\_ No

Number of floats: \_\_\_\_\_ Number of marching units: \_\_\_\_\_

Estimated number of spectators: \_\_\_\_\_

**LIQUOR LIABILITY**

Please note: We cannot offer coverage for BYOB (Bring Your Own Bottle) events.

Liquor Liability is: \_\_\_ Required \_\_\_ Not Required

Is Applicant responsible for the sale of alcohol: \_\_\_ Yes \_\_\_ No

If Yes, please provide total estimated liquor receipts expected from the sale of alcohol for the event: \_\_\_\_\_

\*\*\*IMPORTANT\*\*\* If requesting annual Liquor Liability coverage, please include the estimated TOTAL liquor receipts for that time period: \_\_\_\_\_

If No, is the venue or third party concessionaire responsible for the sale of alcohol?  
 \_\_\_ Yes \_\_\_ No

Estimated total food sales for the event: \_\_\_\_\_

Estimated number of attendees consuming alcohol daily: \_\_\_\_\_

Will alcohol be dispensed by a TIPS certified professional bartender? \_\_\_ Yes \_\_\_ No

If No, please describe how and by whom alcohol will be dispensed: \_\_\_\_\_

What measures are in place to prevent service of alcohol to minor and/or intoxicated persons?

Does Applicant have a valid liquor license? \_\_\_ Yes \_\_\_ No

Number of bars or areas at which alcohol will be dispensed at the event? \_\_\_\_\_

Is alcohol consumption confined to this (these) areas? \_\_\_ Yes \_\_\_ No

Will there be an open bar? \_\_\_ Yes \_\_\_ No

Will alcohol be sold by the drink? \_\_\_ Yes \_\_\_ No Cost per drink: \_\_\_\_\_

**Will there be BYOB?** \_\_\_ Yes \_\_\_ No

#### FRAUD STATEMENT

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.

#### WARRANTY STATEMENT

I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct, and further certify that I have read all the questions and answers on this application. I understand this application is a requirement for coverage, a part of the contract and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company or companies in writing.

**Name of Applicant:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR BROKER USE ONLY**

Name of Authorized Agent or Broker: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_