

SPECIAL EVENT APPLICATION

COMPLETE SECTION(S) ON PAGE TWO (2) APPLICABLE TO THE TYPE OF EVENT BEING HELD.

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

_____ Phone Number for Inspection contact: _____

_____ Web Address _____

Proposed Policy Period: _____ to: _____

Insured is Individual Partnership Corporation Joint Venture Other _____

Location of Event _____

Dates of Event _____

Description of Event (Attach copy of flyer or brochure) _____

UNDERWRITING INFORMATION

• Estimated attendance per day _____ Total for all days event is held _____

Gross Receipts \$ _____

• Food or beverages sold or served by applicant? Yes No

If yes, provide details. _____

Alcoholic beverages on premises? Yes No

If yes, are they served by applicant or other? Is liquor liability coverage in place? Yes No

• Seating arrangements - Describe (i.e., permanent, portable, bleachers, chairs, etc.) _____

If portable, who does the erection? _____

• Setup - Describe all exposures (i.e., booths, stages, electrical, special effects, etc.) _____

Who is responsible for the setup? _____

• Security - Describe (i.e., guards - unarmed vs. armed, dogs, off-duty police, etc.) _____

If guards are used, do they have their own insurance? Yes No

• Parking facilities Yes No

Operated by: Applicant Others If others, do they have their own insurance? Yes No

Is parking area Paved Dirt Other (describe) _____

• Medical emergencies - How will an emergency be handled? (describe) _____

• Are certificates of insurance required from all subcontracted operations? Yes No

ANIMAL EXPOSURE

Are there animal rides? Yes No If yes, are animals hand lead? Yes No

Describe area where rides are given (arena, roped off area, etc.) _____

Is safety apparatus used? Yes No If yes, describe. _____

Is there a petting zoo? Yes No If yes, describe. _____

How is it set up (fenced area, etc.)? _____

Is the area supervised? Yes No

AMUSEMENT DEVICES - Kiddie Type

Provide a complete list of equipment. _____

Is applicant properly licensed to operate equipment? Yes No

Does applicant have a documented maintenance schedule? Yes No

Are the rides supervised at all times? Yes No

AMUSEMENT DEVICES - Other than Kiddie Type

Operator must have insurance and provide a certificate of insurance with limits and coverage at least equal to those requested on this application.

DEMOLITION DERBY, MUD BOGS AND TRACTOR PULLS

Provide description of facility (attach diagram on separate sheet) including type of protection used to protect the spectators from flying debris, placement of barriers to keep vehicles a safe distance from spectators, etc. _____

DOG RACES, HORSE RACES, RODEOS AND HORSE SHOWS

Provide description of facility (attach diagram on separate sheet) _____

Are spectators allowed in any area where animals are kept when not performing? Yes No

Do livestock contractors have their own insurance? Yes No

Is seating at least ten (10) feet from the arena? Yes No

FAIRS AND CARNIVALS

Provide complete description of event (attach diagram on separate sheet indicating location of each exhibit, booth, ride, event, etc.) _____

FIREWORKS EXHIBITION - SPONSOR'S RISK ONLY

Pyrotechnicians must be licensed, have insurance and provide certificates of insurance with limits and coverage at least equal to those requested on this application.

Are volunteers used to perform any duties at the exhibition? Yes No

Spectators must be at least one hundred fifty (150) feet from where fireworks are being set off. Describe crowd controls used to maintain this distance. _____

MUSICAL CONCERTS

Name of performer(s) and type of music _____

Do they have their own insurance? Yes No

Describe seating, i.e., bleachers, grass, folding chairs, etc. _____

Is seating assigned? Yes No

Type of venue. indoor outdoor If outdoors, if facility designed to accommodate this type of event? Yes No

PARADES - SPECTATOR LIABILITY ONLY

Provide complete description of parade including crowd control (attach diagram of route and spectator areas on separate sheet.) _____

Provide number and type of floats. _____

Are there any animals in the parade? Yes No If yes, describe. _____

Are participants required to have their own insurance? Yes No

LIMITS – GENERAL LIABILITY:

LIMITS OF LIABILITY REQUESTED –

GENERAL AGGREGATE: _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE: INCLUDED

PERSONAL & ADVERTISING INJURY: _____

EACH OCCURRENCE: _____

FIRE DAMAGE: _____

MEDICAL PAYMENTS: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PRIOR EXPERIENCE AND LOSSES

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Witness

Date

Applicant's Signature

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.