

SPECIAL EVENT INSURANCE APPLICATION

GENERAL INFORMATION

1. Named Insured (Applicant): _____

2. a. Address: _____

City: _____ State: _____ Zip: _____

b. Describe Applicant's role & responsibility in event: _____

3. Phone: _____ Fax: _____ E-mail: _____

4.

Additional Insured Name	Address	Interest in Event

5. a. Full schedule/description and purpose of event (Attach copy of brochure and/or flyer to this application)

b. Is this part of a larger function? Yes No If "Yes," describe: _____

c. Is there an admission charge? Yes No If "Yes," cost of admission per person: _____

6. a. Dates of event: From: ____/____/____ To: ____/____/____

b. Desired coverage dates: From: ____/____/____ To: ____/____/____

c. If event date(s) differ(s) from desired coverage date(s), explain: _____

d. Hours of Event: From: _____ am/pm To: _____ am/pm If Hours vary by Date, describe: _____

7. Location of event (Name and address) _____

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

Attach a diagram of location. If event is held outdoors, indicate fencing, adjacent building, and landscape features.

8. ESTIMATED ATTENDANCE PER DAY _____ TOTAL _____ Average age of attendees: _____

Maximum Capacity of facility _____ Attendance is: by Invitation Only Open to the Public

9. Policy Experience: Number of years event has been previously held: _____

Actual total attendance for Prior Year's event: _____

10. Premium/Loss Information:

Policy Year	20____	20____	20____
Total Premium			
Carrier & Policy #			
Total # of Claims			
Total \$ Paid/Reserved			

11. Has any insurance carrier cancelled or refused coverage? Yes No

If "yes", please explain: _____

12. Does facility require a contract for usage? Yes No If "Yes," provide copy of contract(s).

13. Limits of Liability requested: \$1,000,000 Other _____

COMMERCIAL GENERAL LIABILITY SECTION

14. Will event feature any of the following:
 a. Rides, mechanical devices, rebounding devices (ie: moonbounce, trampoline)? Yes No
 b. Petting Zoo, animal rides? Yes No
 c. Fireworks/Pyrotechnics? Yes No

15. a. Are Vendors, Attraction Owners and Performers required to carry their own insurance? Yes No
 If "Yes," what limit is required? _____

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

16. Who contracts security?: a. Facility Applicant b. Number of Security Personnel _____

17. a. Describe security measures: _____

b. Is security provided by: Independent Contractors Employees of the Applicant
 On-Duty Police Off-Duty Police Guard Dogs

c. If security provided by Independent Contractors, are they required to carry their own insurance? Yes No

18. Number of grandstands, if any: _____ Permanent Temporary
 If temporary, list name of firm doing installation: _____

19. Seating capacity: _____ Construction Type of grandstands: _____

20. a. Emergency evacuation plan in place? Yes No
 b. Qualified medical personnel in attendance? Yes No
 c. Ambulance service in attendance? Yes No

21. If **MUSICAL/ENTERTAINMENT** event:

Performer/Entertainer Name	Type of Music/Program	Local or National ?
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National

Is dancing permitted at this event? Yes No

22. If **PARADE** event: a. Number of Floats: _____ b. Number of Marching Units: _____
 c. Length of Parade: _____ d. Estimated number of spectators: _____

23. If **ATHLETIC** event: Number of Games: _____ Number of Spectators: _____
 Professional? Amateur? # Youth Participants/Players _____ # Adult Participants/Players _____

LIQUOR LIABILITY

Quotation Required

Quotation Not Required

24. ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY: _____

25. a. Is Applicant sole vendor of alcohol at Event? Yes No

If "No," List number of other Vendors serving alcohol: _____

b. Are all participating alcohol Vendors required to carry minimum Liquor Liability Limits for the Event?

Yes No

If "Yes," what is the Minimum Requirement? _____

26. a. Will alcohol be dispensed by a Professional Bartender? Yes No If "No," describe how and by

whom alcohol will be dispensed: _____

b. Describe training and/or experience of persons serving alcohol: _____

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

27. a. Is Liquor License required for this event? Yes No

b. Does Applicant have a valid Liquor License? Yes No

28. a. Number of bars or areas at which alcohol will be dispensed at the Event: _____

b. Is alcohol consumption confined to this (these) areas? Yes No If "No," describe: _____

c. Will there be an open bar? Yes No d. Will alcohol be sold by the drink? Yes No

e. Cost per drink: _____ f. Is BYOB (Bring your own bottle) permitted? Yes No

29. Will food be sold or served? Yes No If "Yes," describe type of food available: _____

30. Estimated gross receipts per day: Alcohol _____ Food _____

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 OF 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 (Please Print) Title

Signature of Applicant Date

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED APPLICATION THROUGH LOCAL AGENT OR BROKER TO: