



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 _____

