



SPECIAL EVENT APPLICATION

Applicant's Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Entity:  Individual  Partnership  Joint Venture  Corporation  Other: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

1. Dates coverage requested: From: \_\_\_\_\_ To: \_\_\_\_\_

2. Limits Requested: \_\_\_\_\_ Each Occurrence \_\_\_\_\_ Personal Injury / Advertising Injury  
\_\_\_\_\_ General Aggregate \_\_\_\_\_ Damage to Premises Rented to You  
\_\_\_\_\_ Products/Comp Ops Agg \_\_\_\_\_ Medical Payments

3. Has the prospective insured held an event of this type previously?  Yes  No  
If yes, how many years? \_\_\_\_\_ Dates held last year: \_\_\_\_\_

4. Previous Insurer(s): \_\_\_\_\_ 6. Policy Number(s): \_\_\_\_\_  
Were there any losses?  Yes  No If yes, provide detailed explanation: \_\_\_\_\_

5. Interest of Named Insured in Premises: \_\_\_\_\_

6. Name of Event: \_\_\_\_\_

7. Location(s) of Event: Location 1: \_\_\_\_\_  
Location 2: \_\_\_\_\_  
Location 3: \_\_\_\_\_  
Location 4: \_\_\_\_\_

8. Description of Events (Including copies of any promotional literature, advertising or event information sheet with activity details):  
\_\_\_\_\_  
\_\_\_\_\_

A. Setup (Date & Time): \_\_\_\_\_

B. Event start and ending (Date & Time): \_\_\_\_\_

C. Tear Down (Date & Time): \_\_\_\_\_

9. Attendance: Each Day: \_\_\_\_\_ Total: \_\_\_\_\_

10. Gross Receipts: \_\_\_\_\_

11. Does event involve any of the following?  Yes  No

<input type="checkbox"/> Amusement rides	<input type="checkbox"/> Fireworks (Sale or Demonstration)	<input type="checkbox"/> Musical concert:
<input type="checkbox"/> Animal rides	<input type="checkbox"/> Food served	<input type="checkbox"/> Blues <input type="checkbox"/> Folk <input type="checkbox"/> Rock n' Roll
<input type="checkbox"/> Athletic contests/exhibitions	<input type="checkbox"/> Hot air balloon rides	<input type="checkbox"/> Classical <input type="checkbox"/> Jazz <input type="checkbox"/> Hard Rock
<input type="checkbox"/> Auto/Motorcycle races	<input type="checkbox"/> Liquor/beer/wine served	<input type="checkbox"/> Country <input type="checkbox"/> Rap / Reggae <input type="checkbox"/> Other
<input type="checkbox"/> Boat races	<input type="checkbox"/> Parade	<input type="checkbox"/> Overnight Camping
<input type="checkbox"/> Dancing	<input type="checkbox"/> Rodeo	<input type="checkbox"/> Aircraft of any type

12. Describe seating arrangements (type, capacity, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Type of security provided?  Armed  Unarmed  Insured's Employees  Independent Contractors

If Independent Contractor, provide name: \_\_\_\_\_

A. Any other Independent Contractors to be used?  Yes  No If yes, describe type to be used: \_\_\_\_\_

B. Limits of Independent Contractors: \_\_\_\_\_

C. Independent Contractors to provide Certificates of Liability?  Yes  No

D. Is applicant to be named as additional insured?  Yes  No

14. Are exhibitors (if any) required to provide Certificates of Liability insurance?  Yes  No

A. If yes, limit? \_\_\_\_\_ B. Is applicant to be named as additional insured?  Yes  No

15. List names of performers scheduled: \_\_\_\_\_

16. Additional Insureds:

Name and Address

Interest

Name and Address	Interest
_____	_____
_____	_____
_____	_____

17. If coverage is provided, it will contain special event exclusions including but not limited to the following:

- |  |   |  |
|--|---|--|
| A. Unscheduled events                  | E. Injury to persons in unauthorized areas            | H. Operations of autos, motorized vehicles,  |
| B. Assault and battery                 | F. Injury to participants or damage to their property | animal rides, unless specifically authorized |
| C. Riot and civil commotion            | G. Operations of any aircraft or passenger carrying   | by specific endorsement.                     |
| D. Fireworks demonstration or displays | balloons.   |  |

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**Any person who, with intent to defraud or knowing that he 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.**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_