

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION - SPECIAL EVENT - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

PROHIBITED (check all that apply to your operations)

- Attendance during any one day of the event will exceed 10,000
- Air shows
- Amusement rides
- Animal rides
- Balloon rides
- Bleachers or Grandstands exceeding 4 tiers without backs
- Carnivals or Circuses
- Christmas Tree Lots/Farms if customers cut their own trees
- Concerts or Dances – hard rock, heavy metal, rap, progressive, or any nationally known bands
- Firearms Demonstrations
- Fireworks
- Gun shows
- Haunted houses
- Hayrides (unless approved by company)
- Inflatables
- Motor sports, Events with motorized vehicles, Motorcycle exposures
- Overnight stays
- Participants who are nationally known celebrities
- Political Conventions, rallies or marches
- Prize Indemnification coverage
- Professional sports including all associated events, activities, parties & services related to the professional sporting event.
- Tractor Pulls
- Water exposures including boat races & water slides

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YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
 Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LOSS HISTORY

- Three years of loss history information provided on ACORD application or attached to this application

OPERATIONS / EXPOSURES / CONTROLS

Description of event(s):

Attendance: maximum on any one day: _____

Rodeo Events:

- Events are inside of a defined arena that has protective barriers that keep spectators at least 3 feet away
 Participants are not 'pro-circuit'
 Signs posted to prohibit unauthorized persons from entering activity areas

Security Provided by Applicant Includes:

- Security provided by employees
 Security provided by third parties – off duty peace officers
 Security provided by third parties. Insured provide additional insured status to insured, and are unarmed

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable.
- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor's policy
 - Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

RECEIPTS

Total receipts excluding alcohol sales	\$
Total receipts from alcohol sales only	\$

Liquor:

- Event(s) will have alcohol being served but not being charged for
**Liquor liability requires submission of separate liquor supplemental application

COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
 Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
 High Limits General Liability
 Identity Recovery – i.e. Identity Theft – U651
 Medical Expense Limit of \$10,000 rather than \$5,000
 Stop Gap Liability – U066

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GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE