



# SPECIAL EVENT LIABILITY APPLICATION

## APPLICANT INFORMATION

NAME:		
MAILING ADDRESS:		
PROPOSED EFF DATE: FROM:	TO:	WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION		YEARS IN BUSINESS
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER		
Dates of Event: From:	to:	# of Days:
Are more than 2 days needed for set-up and take-down activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		

## LOCATION OF EVENT

LOC#	STREET, CITY, COUNTY, STATE, ZIP CODE

## PROVIDE COMPLETE DESCRIPTION OF EVENT

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## LIST NAMES OF ALL PERFORMERS/ACTS SCHEDULED

## DO THEY HAVE OWN INSURANCE?

	<input type="checkbox"/> YES Limits:	<input type="checkbox"/> NO
	<input type="checkbox"/> YES Limits:	<input type="checkbox"/> NO
	<input type="checkbox"/> YES Limits:	<input type="checkbox"/> NO

## EVENT INFORMATION

Has event been held before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will event occur or continue after 2:00 a.m.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any overnight activities conducted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does applicant use subcontractors? (If yes, is the applicant named as an additional insured?)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Is contractual required? (If yes, enclose copy of agreement)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you desire coverage for participants?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there any water hazards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does event involve a fireworks display If yes, are you the sponsor	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Will food or beverages (other than alcohol) be sold or served by the applicant? If yes, please provide full details:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does event involve firearms?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## DESCRIBE ALL SECURITY PROTECTION:

Will security be provided by: <input type="checkbox"/> On-Duty Police <input type="checkbox"/> Off-Duty Police If yes, is coverage provided for them through their employer (moonlighting coverage)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any armed guards employed by applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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What other means of security are provided:

**WILL ANY LIQUOR BE SERVED?**  YES  NO **TOTAL RECEIPTS:**

If yes, sold or served by  applicant  others  
 If sold by applicant provide details - including information on how the sale of liquor is controlled.

Is there a liquor liability policy in force?  YES  NO If yes, provide policy limits:  
 Is host liquor liability coverage needed?  YES  NO

**WHERE WILL EVENT BE HELD?**

INDOORS  OUTDOORS

Number of grandstands (if any):  
 If outdoors, is the area fenced or otherwise enclosed? Explain:

**SCHEDULE OF HAZARDS**

Estimated Maximum Attendance At Any One Time/Day	Class Code	1 <sup>ST</sup> Day Charge	Each Add'l Day Charge x Number of Days	Total Premium For Event
			X =	
			X =	
			X =	
			X =	
			X =	

**ADDITIONAL INTERESTS**

NAME	ADDRESS (Street, City, State, Zip Code)	Additional Insured	Waiver Required	Interest

**GENERAL INFORMATION**

Explain all "YES answers	YES	NO
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any exposure to flammables, explosives or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_ Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Producer Code: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signing this application does not bind the applicant or the company to complete the insurance.