

MUSIC Special Events Supplemental Application

See MUSIC Seasonal Events Supplemental Application for Christmas Tree Lots, Haunted Houses, Corn Mazes, Pumpkin Patches and Hayrides

Special Events:

Hazard 1

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Animal Shows - Cat/Dog | <input type="checkbox"/> Choir Performances | <input type="checkbox"/> Fund Raising Dinners | <input type="checkbox"/> Refreshments Stands-Fairs |
| <input type="checkbox"/> Art Shows | <input type="checkbox"/> Church Dinners | <input type="checkbox"/> Garage Sales | <input type="checkbox"/> Rummage Sales |
| <input type="checkbox"/> Auctions | <input type="checkbox"/> Corn Roasts | <input type="checkbox"/> Garden Parties | <input type="checkbox"/> Scout Jamborees |
| <input type="checkbox"/> Bake Sales | <input type="checkbox"/> Craft Fair / Show | <input type="checkbox"/> Garden Tours | <input type="checkbox"/> Senior Citizen Functions |
| <input type="checkbox"/> Banquets | <input type="checkbox"/> Dance Recitals | <input type="checkbox"/> Historical Home Tours | <input type="checkbox"/> Square Dance Contests |
| <input type="checkbox"/> Bazaars | <input type="checkbox"/> Educational Seminars | <input type="checkbox"/> Hobby Shows | <input type="checkbox"/> Student Car Washes |
| <input type="checkbox"/> Beauty Pageants | <input type="checkbox"/> Exhibitions-Indoor/Outdoor | <input type="checkbox"/> Music Recitals | <input type="checkbox"/> Talent Shows |
| <input type="checkbox"/> Bingo Nights | (Attendance of 1,000 or less) | <input type="checkbox"/> Pancake Breakfasts | <input type="checkbox"/> Attendance less than |
| <input type="checkbox"/> Booths at Fairs | <input type="checkbox"/> Fashion Shows | <input type="checkbox"/> Picnics | 2,500 and/or more than 5 days |
| <input type="checkbox"/> Charity Balls | <input type="checkbox"/> Flower Shows | <input type="checkbox"/> Public Lectures | |

Hazard 2 (Submit)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Antique Auto Shows | <input type="checkbox"/> Horse Shows | <input type="checkbox"/> Sporting Events * | <input type="checkbox"/> Walk-a-thons |
| <input type="checkbox"/> Bike-a-thons/Bike Races | <input type="checkbox"/> Meetings or Conventions | <input type="checkbox"/> Tennis Tournaments | <input type="checkbox"/> Wedding Receptions |
| <input type="checkbox"/> Boat Shows - Indoor | <input type="checkbox"/> Races (Bike, Run, Walk) | <input type="checkbox"/> Theatre Shows | <input type="checkbox"/> Attendance greater than 2,500 |
| <input type="checkbox"/> Golf Tournaments | <input type="checkbox"/> Social Gatherings | <input type="checkbox"/> Trade Shows | but less than 5,000 &/or more than 5 days |

Hazard 3 (Submit)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Amusement Devices * | <input type="checkbox"/> Auto Races * | <input type="checkbox"/> Demolition Derbies * | <input type="checkbox"/> Liquor Liability - Incl. Host |
| <input type="checkbox"/> Animal Rides | <input type="checkbox"/> Circuses & Carnivals | <input type="checkbox"/> Fairs | <input type="checkbox"/> Rodeos / Parades * |
| <input type="checkbox"/> Any risk with the sale of alcoholic beverages | <input type="checkbox"/> Concerts * | <input type="checkbox"/> Fireworks Exhibitions - * Sponsor Risk Only | <input type="checkbox"/> Attendance greater than 5,000 and/or more than 5 days |
| <input type="checkbox"/> Other (describe) | <input type="checkbox"/> Dog & Horse Races * | | |

* (For Asterisks, See Supplemental Questions Below)

Description of Event:

Location(s) of event: _____

Date(s) of event: _____ Length of event: (# days including set up & take down) _____

Total attendance: _____ Maximum occupancy allowed: _____ # of Participants: _____

Estimated age group: From _____ To _____ Total Receipts: \$ _____

Certificates of Insurance:

If applicant is sponsor, does the operator have liability insurance? Yes No



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If yes, carrier name: _____ Limits of Liability: _____

Are Certificates of Insurance obtained? Yes No

Do participants and spectators sign a Waiver of Liability agreement? Yes No

Liquor Exposure:

Are alcoholic beverages sold? Yes No

If yes, does applicant have a Liquor Liability policy in force? Yes No

Are alcoholic beverages sold by a 3rd party? Yes No

If yes, is their Liquor Liability coverage in force? Yes No

Are Certificates of Insurance obtained? Yes No

* (Please refer to Liquor Liability MUSIC Sheet for Overture & applicable states)

Traffic Control:

Is applicant responsible for crowd and traffic control? Yes No

If no, who is responsible: _____

Are parking areas organized & clearly lit with parking and exit signs posted? Yes No

Is a parade route able to handle the size & height of floats? Yes No

Are cross streets and alleys barricaded? Yes No

Security:

Does applicant employ security? Yes No

Is security armed? Yes No

Type of security? Employed Security Independent Security Off-duty Police Officers Chaperones

Is there a written emergency plan in the event of an accident? Yes No

Are Certificates of Insurance obtained from independent security companies? Yes No

Is the security provider in agreement with the applicant for hold harmless risk? Yes No

First Aid Exposure:

Are First Aid facilities available at events? Yes No

If yes, please provide brief description and who will be in charge for total operation: _____

* Rodeo Exposure:

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Are signs posted to prohibit spectators from entering unauthorized areas? Yes No

Is the rodeo conducted in an area with protective barriers? Yes No

If yes, please describe what type? _____

Is the distance between barrier and spectators at least 3 feet? Yes No

Any pro-circuit participants? Yes No

*** Amusement Rides Exposure:**

Do rides have a clearly marked age, height and size limitations? Yes No

Are rides set up and taken down by trained and experienced personnel? Yes No

Do employees of the insured supervise rides/devices? Yes No

Do the ride operators have insurance coverage in force? Yes No

Will ride operators hold applicant harmless? Yes No

When not in use are rides secured and inaccessible? Yes No

Are the rides maintained and inspected? Yes No

Are Logs and Records kept for maintenance and inspection? Yes No

How often are rides maintained and inspected? (describe) _____

*** Fireworks Exposure:**

Distance between fireworks staging area and spectators? _____

Are spectators allowed in the staging area? Yes No

Is the pyrotechnician licensed? Yes No

Does the pyrotechnician have insurance coverage in force? Yes No

*** Entertainment Exposure:**

If a concert, check type of music?

- | | | | |
|--------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Blue Grass | <input type="checkbox"/> Classical | <input type="checkbox"/> Country/Western |
| <input type="checkbox"/> Gospel | <input type="checkbox"/> Gothic | <input type="checkbox"/> Hip-Hop | <input type="checkbox"/> Jazz |
| <input type="checkbox"/> R&B | <input type="checkbox"/> Rap | <input type="checkbox"/> Other (describe) | _____ |

Will the applicant provide alcoholic beverages? Yes No

If yes, does applicant have Liquor Liability coverage in force? Yes No

*** Stadium Exposure:**

Are bleachers or platforms used? Yes No

If yes, what type? Portable Permanent

Construction type: Wood Metal Concrete

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Age of bleachers or platforms: _____ Height of bleachers or platforms: (feet) _____

Are back and side railings provided? Yes No

Are spectators warned & protected from potential flying objects? Yes No

Are there any physical hazards in the surrounding areas that are dangerous to the spectators? Yes No

Are spectators allowed to participate in the event? Yes No

Is there a public address system, clearly audible, in the stadium? Yes No

Is there a backup electrical supply in case of an emergency? Yes No

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No

If yes, please describe. _____

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Prior Carrier Information

Year	Carrier	Premium

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This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date _

Agents Signature _____

Date _