



MUSIC Seasonal Events Supplemental Application

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

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

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

Proposed Effective Date:  
 From \_\_\_\_\_ To \_\_\_\_\_

Web Address \_\_\_\_\_

(12:01 am Standard Time at the address of the Applicant)

Applicant is:  Individual  Corporation  Partnership  Joint Venture  LLC  Other \_\_\_\_\_

States of Operation \_\_\_\_\_

Years doing business under current name: \_\_\_\_\_ years      Years of Experience \_\_\_\_\_ years

Have you worked under any other name?  Yes  No

If yes, please explain: \_\_\_\_\_

**\*NOTE: Any of the following exposures are Prohibited:**

- \* Fireworks Stands      \* Pumpkin patches with stalks in maze area      \* Kiddie Rides or Amusement Devices
- \* Cut-your-own X-Mas Tree Lots/Farms      \* Hayrides that go on or cross any roads, or don't have proper protective railings
- \* Haunted Houses with insufficient lighting or exits, physical contact with patrons, moving floors, fire , socially unacceptable material, shocking devices, slides, or chainsaws.

Limits of Liability Requested	
Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Damages to Premises Rented to you	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible	\$ BI/PD per Claim - LAE

Description of Operations \_\_\_\_\_



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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: \$ \_\_\_\_\_

Miscellaneous Questionnaire (Answer if it applies to the event)

- Are spike or metal stands used for trees?  Yes  No
- How are trees stored? \_\_\_\_\_
- How are dead trees disposed? \_\_\_\_\_
- Describe tree lot surroundings: \_\_\_\_\_
- Are hayrides available for patrons?  Yes  No
- If yes, where do the hayrides take place? \_\_\_\_\_
- Are railings in place on the trailers for the hayrides?  Yes  No
- Have the stalks been completely cut, with no stub protruding through the ground, for corn mazes?  Yes  No
- Do haunted houses use open flames, moving floors, slides, chainsaws or socially unacceptable material?  Yes  No
- Is there any contact allowed between patrons & haunted house employees?  Yes  No
- How many stories or levels does the haunted house have? \_\_\_\_\_ stories/levels
- Is smoking prohibited and are safety precautions in place with proper exits?  Yes  No
- Is this Seasonal Event a fundraiser?  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. \_\_\_\_\_

Prior Carrier Information

Year	Carrier	Premium



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Loss History

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

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 \_\_\_\_\_