

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## Special Event Application

Complete section(s) applicable to the type of event being held. Application must be signed and dated by the applicant.

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

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

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

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

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

Event Location #1 \_\_\_\_\_

Event Location #2 \_\_\_\_\_

Event Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Event Dates \_\_\_\_\_

Description of Event (**Attach** copy of flyer or brochure) \_\_\_\_\_

2. Estimated attendance per day \_\_\_\_\_ Total for all days event is held \_\_\_\_\_

Gross Sales \$ \_\_\_\_\_

3. Food or beverages sold or served by applicant? .....  Yes  No

If yes, provide details. \_\_\_\_\_

4. Alcoholic beverages on premises? .....  Yes  No

If yes, are they served by  applicant or  other? Is liquor liability coverage in place? .....  Yes  No

5. Seating arrangements – Describe (i.e., permanent, portable, bleachers, chairs, etc.) \_\_\_\_\_

If portable, who does the erection? \_\_\_\_\_

6. Setup – Describe all exposures (i.e., booths, stages, electrical, special effects, etc.) \_\_\_\_\_

Who is responsible for the setup? \_\_\_\_\_

7. Security – Describe (i.e., guards - unarmed vs. armed, dogs, off-duty police, etc.) \_\_\_\_\_

If guards are used, do they have their own insurance? .....  Yes  No

8. Parking facilities .....  Yes  No

Operated by:  Applicant  Others If others, do they have their own insurance? .....  Yes  No

Is parking area  Paved  Dirt  Other (describe) \_\_\_\_\_

9. Medical emergencies – describe how an emergency will be handled: \_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

10. Are certificates of insurance required from all subcontracted operations? .....  Yes  No

11. Does the applicant use any mobile equipment? .....  Yes  No

If yes, describe and give details of how it is used. \_\_\_\_\_

**ANIMAL EXPOSURE**

1. Are there animal rides?.....  Yes  No      If yes, are animals hand lead? .....  Yes  No

List the types of animals \_\_\_\_\_

Describe area where rides are given (arena, roped off area, etc.) \_\_\_\_\_

Is safety apparatus used? .....  Yes  No

2. Is there a petting zoo? .....  Yes  No      If yes, describe. \_\_\_\_\_

List the types of animals \_\_\_\_\_

How is it set up (fenced area, etc.)? \_\_\_\_\_

Is the area supervised? .....  Yes  No

**AMUSEMENT DEVICES – KIDDIE TYPE**

1. Provide a complete list of equipment. \_\_\_\_\_

2. Is applicant properly licensed to operate equipment? .....  Yes  No

3. Are the rides supervised at all times? .....  Yes  No

4. Does the vendor or subcontractor operate Kiddie rides? \_\_\_\_\_

**AMUSEMENT DEVICES – OTHER THAN KIDDIE TYPE**

Operator must have insurance and provide a certificate of insurance with limits and coverage at least equal to those requested on this application.

**DEMOLITION DERBY, MUD BOGS AND TRACTOR PULLS**

Provide description of facility (**Attach** diagram on separate sheet) including type of protection used to protect the spectators from flying debris, placement of barriers to keep vehicles a safe distance from spectators, etc. \_\_\_\_\_

**DOG RACES, HORSE RACES, RODEOS AND HORSE SHOWS**

1. Provide description of facility (**Attach** diagram on separate sheet) \_\_\_\_\_

2. Are spectators allowed in any area where animals are kept when not performing? .....  Yes  No

3. Do livestock contractors have their own insurance? .....  Yes  No

4. Is seating at least ten (10) feet from the arena? .....  Yes  No

**FAIRS AND CARNIVALS**

Provide complete description of event (**Attach** diagram on separate sheet indicating location of each exhibit, booth, ride, event, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIREWORKS EXHIBITION – SPONSOR’S RISK ONLY**

1. Pyrotechnicians must be licensed, have insurance and provide certificates of insurance with limits and coverage at least equal to those requested on this application. ....  Yes  No
2. Are volunteers used to perform any duties at the exhibition? .....  Yes  No
3. Spectators must be at least one hundred fifty (150) feet from where fireworks are being set off. Describe crowd controls used to maintain this distance. \_\_\_\_\_  
\_\_\_\_\_
4. Describe the duties performed by volunteers. \_\_\_\_\_

**MUSICAL CONCERTS**

1. Name of performer(s) and type of music \_\_\_\_\_
2. Do they have their own insurance? .....  Yes  No
3. Describe seating, i.e., bleachers, grass, folding chairs, etc. \_\_\_\_\_
4. Is seating assigned? .....  Yes  No
5. Type of venue. ....  indoor  outdoor  
If outdoors, if facility designed to accommodate this type of event? .....  Yes  No

**PARADES – SPECTATOR LIABILITY ONLY**

1. Provide complete description of parade including crowd control (**Attach** diagram of route and spectator areas on separate sheet.) \_\_\_\_\_  
\_\_\_\_\_
2. Provide number and type of floats. \_\_\_\_\_
3. Are there any animals in the parade? .....  Yes  No  
If yes, describe. \_\_\_\_\_
4. Are participants required to have their own insurance? .....  Yes  No

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)** \$ \_\_\_\_\_
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE** \$ \_\_\_\_\_
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)** \$ \_\_\_\_\_
- EACH OCCURRENCE** \$ \_\_\_\_\_
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)** \$ \_\_\_\_\_
- MEDICAL EXPENSE (ANY ONE PERSON)** \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____		
		_____		
		_____		
		_____		
		_____		

Has the applicant been cancelled or non-renewed in the last three years?.....  Yes  No

If yes, Explain. \_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly

presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date