



SPECIAL EVENTS LIABILITY APPLICATION

1. Name of Applicant _____ Federal Employer I.D. No. _____

2. Address _____
Street City County State ZIP Code

3. Event Dates _____ Time(s): From _____ AM PM To _____ AM PM

Dates Coverage Requested: From _____ 12:01 A.M. To _____ 12:01 A.M.

4. Event Name _____

5. Event Location _____

6. Facility Name _____

Does facility carry Liability insurance? Yes No Limit \$ _____

7. Description of Event _____

8. Is the event: Indoors Outdoors

If the event is outdoors, is the area fenced or otherwise enclosed? Yes No

9. Are you responsible for parking? Yes No If yes, square footage of parking area _____

Is lot attended? Yes No

10. Seating capacity _____ Estimated attendance Per Day _____ Total _____

11. Number of tickets: Printed _____ Sold to date _____

12. Price of admission \$ _____ Estimated Gross Receipts \$ _____

Estimated Payroll \$ _____

13. Limits of Liability requested: Occurrence _____ Aggregate _____

Deductible requested _____

14. Additional Insureds to be added:

Name	Address	Relationship

15. Will there be any exhibitions, demonstrations, parades or pageants? Yes No

If yes, describe. _____

16. Type of Seating
- a. Seat construction: Temporary Permanent
- b. Seating is: Reserved General Admission
- c. Type of seating provided: Bleacher Stadium Grandstand Theatre Folding Chairs
 Other _____
17. If the event is outdoors, does the event end ninety minutes prior to sundown? Yes No
If no, is permanent lighting over all spectator areas and all parking lots? Yes No
18. If a stage is involved, is it: Temporary Permanent
If temporary, who is responsible for set up of same? Applicant
 Other (name) _____
If other than Applicant, is a Certificate of Insurance provided? Yes No
Limit \$ _____ Carrier _____
Is Applicant named as an Additional Insured thereon? Yes No
19. If a tent is involved, who is responsible for set up of same? Applicant
 Other (name) _____
If other than Applicant, is a Certificate of Insurance provided? Yes No
Limit \$ _____ Carrier _____
Is Applicant named as an Additional Insured thereon? Yes No
20. Is temporary lighting involved? Yes No
Who is responsible for hook-up of same? Applicant
 Other (name) _____
If other than Applicant, is a Certificate of Insurance provided? Yes No
Limit \$ _____ Carrier _____
Is Applicant named as an Additional Insured thereon? Yes No
21. Are ushers used? Yes No Who provides? Applicant
 Other (name) _____
22. Number of vendors/trade booths _____
Kinds of goods sold or displayed _____

23. Are all goods finished products or are there any on site demonstrations of skills (i.e., any blacksmithing, candle making, cooking, etc.) done at the Event? Yes No
If yes, describe. _____

24. Are vendors/trade booths required to provide a Certificate of Insurance? Yes No
Limit \$ _____ Carrier _____
Is Applicant named as an Additional Insured thereon? Yes No
25. Describe how Event is being advertised. _____

26. Provider of food and/or drink: Applicant Other (name) _____
 If other than Applicant, is a Certificate of Insurance provided? Yes No
 Limit \$ _____ Carrier _____
 Is Applicant named as an Additional Insured thereon? Yes No
27. If there is a Liquor exposure, is there a Liquor Legal Liability Policy in force? Yes No
 Limit \$ _____ Carrier _____
 Is a Certificate of Insurance provided? Yes No
 Is Applicant named as an Additional Insured thereon? Yes No
28. Are there cooking facilities on the premises? Yes No
 If yes, type of fire protection present. _____
29. Is Applicant providing any overnight camping facilities or other accommodations? Yes No
 If yes, describe. _____
30. Party responsible for providing security (name) _____
 If Applicant, is security provided by: Employees Outside security firm
 If outside security firm, are they providing Certificate of Insurance? Yes No
 Limit \$ _____ Is Applicant named as Additional Insured thereon? Yes No
 Security provided by Applicant or Other is: Armed Unarmed
31. Describe protection being set up between the street and sidewalks, if the Event is being held on a street or other public place of vehicular access. _____

32. Does the Event involve a parade? Yes No
 Number of units in parade _____ (a marching band, a float, a car carrying personalities, etc. is each considered one unit)
 Number of floats _____ Is anything thrown from any of the floats? Yes No
 If yes, describe. _____
 Length of parade in blocks _____ Length of time _____
 Estimated number of spectators at parade _____
33. Is Applicant signing any Hold Harmless Agreements? Yes No
 If yes, with whom and assuming responsibility for what? _____

34. Is Applicant being Held Harmless by others? Yes No **Attach Copy of Agreement if available.**
 If yes, by whom and describe extent of same. _____

35. Has the Event been held by the Applicant in the past? Yes No Number of years _____
 Provide details of all losses, claims or incidents, insured or uninsured, in all Events in the past 5 years:

36. Attach five year insurance company loss history.

Describe any losses over \$5,000 in detail. _____

37. Present insurance has been: (NOT APPLICABLE IN MISSOURI)

Cancelled Insurance Carrier refused to renew None of these

Explain: _____

VERY IMPORTANT

1. Attach copies of all Lease and Hold Harmless Agreements.
2. Attach a copy of brochure of this Event.
3. Include a diagram of location(s) to be used.
4. Allow enough time to finalize total program, including full premium payment ten (10) days prior to your Event.

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Date _____ Applicant _____
 Federal Employer I.D. No. _____
 By _____
 Title _____

Agent/Broker _____
 Address _____
 Contact _____ Phone Number _____

APPLICATION SUPPLEMENT - FRAUD WARNINGS

This supplement becomes attached to the applications in the following states:

Arkansas - applicable to all coverages:

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.

District of Columbia - applicable to all coverages:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky – applicable to all coverages:

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.

New Jersey - applicable to all coverages:

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

Ohio - applicable to all coverages:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma - applicable to all coverages:

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.

Pennsylvania - applicable to all coverages:

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 subjects such person to criminal and civil penalties.

Virginia - applicable to all coverages:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.