



SPECIAL EVENTS INSURANCE APPLICATION

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

SECTION 1: GENERAL INFORMATION

1. Please complete the following:

Applicant: _____

Contact Name: _____

Mailing Address Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

2. Describe Applicant's role & responsibility in event: _____

3. Please describe the event and its purpose. Attach a copy of brochure or flyer, if applicable: _____

4. Is this part of a larger function? Yes No
 If yes, please describe: _____

5. Is there an admission charge? Yes No
 If yes, what is the cost of admission per person? \$ _____

6. Dates of event: From: _____ to _____

7. Desired coverage dates: From: _____ to _____
 If the event date(s) differ(s) from desired coverage date(s), please explain: _____

8. Hours of Event: From: _____ am/pm to _____ am/pm
 If hours vary by date, please describe: _____

9. Location of event (Name and Address): _____

10. Location is: Private Residence Convention Center Arena Liquor-Licensed Establishment
 Stadium Fair Grounds Indoors Outdoors Other: _____

Check all that apply.

Attach a diagram of location. If event is held outdoors, indicate fencing, adjacent building, and landscape features.

11. Estimated Attendance: Per Day: _____ Total: _____ Average Age of Attendees: _____

12. Maximum Capacity of Facility: _____



- 13. Attendance is: by invitation only open to the public
- 14. Policy Experience: Number of years event has been previously held: _____
Actual total attendance for prior year's event: _____

SECTION 2: INSURANCE INFORMATION

1. Premium/Loss Information:

Policy Year	20____	20____	20____
Total Premium			
Carrier & Policy #			
Total # of Claims			
Total \$ Paid/Reserved			

- 2. Has any insurance carrier cancelled or refused coverage? Yes No
If yes, please explain: _____
- 3. Does facility require a contract for usage? Yes No
If yes, please provide a copy of the contract(s).
- 4. Limits of Liability requested: \$1,000,000 Other: _____
- 5. Please list any additional insureds you need added to the policy:

Additional Insured Name	Address	Interest in Event

- 6. Do any of the additional insured certificates require special wording? Yes No
If yes, please attach the information on a separate sheet.

SECTION 3: COMMERCIAL GENERAL LIABILITY

- 1. Will event feature any of the following:
 - a. Rides, mechanical devices, rebounding devices (i.e., moonbounce, trampoline)? Yes No
 - b. Petting zoo, animal rides? Yes No
 - c. Fireworks/Pyrotechnics? Yes No
- 2. Are vendors, attraction owners, and performers required to carry their own insurance? Yes No
If yes, what limit is required? _____
- 3. Will concessionaires provide you with certificates evidencing products liability with your organization named as an additional insured? Yes No No Concessionaires
- 4. Who contracts security? Facility Applicant Number of Security Personnel: _____



5. Describe security measures: _____

a. Is security provided by: Independent Contractors Employees of the Applicant
 On-Duty Police Off-Duty Police Guard Dogs

b. If security is provided by Independent Contractors, are they required to carry their own insurance? Yes No

6. Number of grandstands, if any: _____ Permanent Temporary
If temporary, list name of firm doing installation: _____

7. Seating capacity: _____ Construction type of grandstands: _____

8. Emergency evacuation plan in place? Yes No

9. Qualified medical personnel in attendance? Yes No

10. Ambulance service in attendance? Yes No

11. If musical or entertainment event:

Performer/Entertainer Name	Type of Music/Program	Local or National?
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National

Is dancing permitted at this event? Yes No

12. If parade event:

- a. Number of Floats: _____
- b. Number of Marching Units: _____
- c. Length of Parade: _____
- d. Estimated number of spectators: _____

13. If athletic event: Professional Amateur

- a. Number of Games: _____
- b. Number of Spectators: _____
- c. # of Youth Participants/Players: _____
- d. # of Adult Participants/Players: _____

SECTION 4: LIQUOR LIABILITY Quotation Required Quotation Not Required

1. Estimated number of attendees consuming alcohol daily: _____

2. Is applicant sole vendor of alcohol at event? Yes No
If no, list number of other vendors serving alcohol: _____

a. Are all participating alcohol vendors required to carry minimum Liquor Liability limits for the event? Yes No
If yes, what is the minimum requirement? _____

3. Will alcohol be dispensed by a professional bartender? Yes No
If no, describe how any by whom alcohol will be dispensed: _____

a. Describe training and/or experience of persons serving alcohol: _____



b. What measures are in place to prevent service of alcohol to minor and/or intoxicated persons? _____

4. Is a liquor license required for this event? Yes No

5. Does Applicant have a valid liquor license? Yes No

6. Number of bars or areas at which alcohol will be dispensed at the event: _____

a. Is alcohol consumption confined to this (these) areas? Yes No

If no, please describe: _____

b. Will there be an open bar? Yes No

c. Will alcohol be sold by the drink? Yes No

d. Cost per drink: _____

e. Is BYOB (bring your own bottle) permitted? Yes No

7. Will food be sold or served? Yes No

If yes, describe type of food available: _____

8. Estimated gross receipts per day: Alcohol: _____ Food: _____

FRAUD STATEMENT: 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.

WARRANTY STATEMENT: I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Signatures:

Date: _____

Applicant:

Signature

Print Name

Title

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER: _____

ADDRESS: _____