

APPLICATION FOR SPECIAL EVENTS COVERAGE

1. Name of Applicant: _____
 2. Applicant is: Individual Partnership Corporation For Profit Non-Profit
 3. Mailing Address: _____
 4. Name of Event: _____
 5. Location of Event: _____
 6. Interest of Named Insured in Premises: _____
 7. Does Event involve any of the following:

<input type="checkbox"/> Amusement Rides	<input type="checkbox"/> Fireworks(Sale or Demonstration)	<input type="checkbox"/> Musical Concert:
<input type="checkbox"/> Animal Rides	<input type="checkbox"/> Aircraft of any type	<input type="checkbox"/> Country/Western
<input type="checkbox"/> Athletic Contests/Exhibitions	<input type="checkbox"/> Hot Air Balloon Rides	<input type="checkbox"/> Rap/Reggae
<input type="checkbox"/> Auto/Motorcycle Races	<input type="checkbox"/> Liquor/Beer/Wine served	<input type="checkbox"/> Rock
<input type="checkbox"/> Boat Races	<input type="checkbox"/> Parade	<input type="checkbox"/> Classical
<input type="checkbox"/> Dancing	<input type="checkbox"/> Rodeo	<input type="checkbox"/> Other

Explain any of the above in detail in item 8
 8. Provide complete description of Event:
Setup time and date _____ Take down time and day _____
Starting time and day _____ Ending time and day _____
Description: _____

 9. Are exhibitors (if any) required to provide Certificates of Liability Insurance? Yes No
If yes, Limits? _____ Is applicant to be named as additional Insured? Yes No
 10. List Names of Performers scheduled: _____

 11. Estimated Attendance: Total _____ Each Day _____
 12. Estimated Gross Receipts: _____
 13. Will Grandstands or Bleachers be used? Yes No Portable? Yes No Seating Capacity _____
Type and Construction: _____
 14. What Type of security provided? Insured's Employees _____
Independent Contractor _____ Name _____
Other _____ Name _____
Is security firm to provide Certificates of Liability Insurance Yes No If yes, what Limits? _____
Is applicant to be named as additional Insured? Yes No
 15. Are any other independent contractors to be used? Yes No If yes, describe _____

- Are they required to provide Certificates of Liability Insurance? Yes No
If yes, what limits? _____ Is applicant to be named as additional insured? Yes No
16. Previous Insurer(s) _____ Policy Number(s) _____

Were there any losses? Yes No (If yes, please describe in detail)

17. Has the prospective insured held an event of this type previously? Yes No

If yes, how many years? _____ Dates held last year _____ to _____

18. **Attach a copy of any promotional literature, advertising or event information sheet which details activities.**

COVERAGE INFORMATION

19. Dates Coverage Required: From: _____ To: _____

20. Limits Required-New Liability Form: Each Occurrence _____ General Aggregate: _____
Medical Payments Coverage is excluded

21. Coverage Required:

- | | |
|---|--|
| <input type="checkbox"/> Premises/Operations | <input type="checkbox"/> Personal/Advertising Injury |
| <input type="checkbox"/> Owners/Contractors Protective | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Products/Completed Operations | <input type="checkbox"/> Contractual |
| <input type="checkbox"/> Employees As Additional Insureds | |

(Include a copy of premises lease/rental agreement with application)

22. Additional Insured: Name and Address _____ Interest _____

23. If coverage is provided, it will contain special exclusions (above and beyond normal policy exclusions) including, but not necessarily limited, to the following:

- | | |
|--|--|
| A. Riot and Civil Commotion | E. Fireworks demonstrations or displays |
| B. Assault and Battery | F. Injury to Participants or damage to their property |
| C. Injury to persons in unauthorized areas | G. Operation of any aircraft or passenger carrying balloons |
| D. Unscheduled Events | H. Operation of autos, motorized vehicles, animal rides, trampolines or mechanically operated amusement rides unless authorized by specific endorsement. |

The applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

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

Applicant: _____ Producer: _____

Signature: _____

Date: _____ Producer Signature: _____