

SPECIAL EVENT APPLICATION

1. Named Insured (applicant): _____
2. Mailing Address: _____
3. City: _____ State: _____ Zip: _____ Phone: _____
4. Name of Event: _____
 Location of Event: _____
 (name of facility, city, state)
5. Description of Event, **including schedule** (attach brochure if available): _____

 Web site address: _____
6. Date(s) of Event: _____ Opening and closing hours: _____
 Set Up / Tear Down Dates: _____
7. Estimated attendance PER DAY: _____ TOTAL: _____ Estimated receipts: \$ _____
 Actual total attendance for previous year's event: _____
8. How many years of experience do you have producing this type of event? _____
9. If your organization is a member of a trade group or sanctioning body which holds insurance and/or risk management seminars and/or meetings, indicate name of association: _____
10. Is this a sanctioned event? _____

11. Present or previous insurance: **ATTACH INSURANCE COMPANY LOSS RUNS**

	Carrier	Premium	# of Losses	Total Amounts of Losses Paid & Reserved
This year	_____	\$ _____	_____	_____
One year ago	_____	\$ _____	_____	_____
Two years ago	_____	\$ _____	_____	_____
Three years ago	_____	\$ _____	_____	_____

Describe any losses over \$1,000 in detail: _____

12. Has any insurance carrier cancelled or refused coverage? ____ Yes ____ No If Yes, explain: _____

13. Limits of Liability requested: ____ \$1,000,000 ____ Other \$ _____
(Please provide Acord 131 Comm. Excess Liability Application if requesting limits in excess of \$1,000,000)

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14. Additional Insureds and their Interest:

NAME

MAILING ADDRESS

INTEREST IN EVENT

EVENT FACILITY / LOCATION

15. Owner of facility: _____

Maximum capacity of facility: _____ Is attendance open to the public? ____ Yes ____ No

Does the facility require a contract for use? ____ Yes ____ No **If "Yes" attach a copy.**

16. Is the facility in compliance with city, state, county and township building, safety and fire codes?

____ Yes ____ No **(NONCOMPLIANCE WITH CODES WILL INVALIDATE INSURANCE)**

17. Describe number and types of gates and turnstiles: _____

18. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: _____

19. Attach a diagram of the location. If event is held outdoors, indicate fencing, stage(s), spectator areas, parking, adjacent buildings, and landscape features. _____

20. Describe medical facilities during event: _____

21. Describe fire protection during event: _____

22. Describe security protection (number & type): _____

If contracted, is a Certificate of Insurance provided naming your event as additional insured? ____ Yes ____ No

23. Will you have remote parking? ____ Yes ____ No. What arrangements have been made for shuttle service? Describe: _____

If contracted, is a Certificate of Insurance provided naming your event as additional insured? ____ Yes ____ No

24. Mobile Equipment (golf carts, utility vehicles, tractors, etc.) ____ Yes ____ No. If yes, describe use and number of each. _____

CONCESSIONS / VENDORS / EXHIBITORS

25. What concessions will be sold? _____

Does Event Sponsor operate any concessions? ____ Yes ____ No. If yes Est. Receipts \$ _____

Describe concessions _____

26. Will concessionaires provide you with certificates evidencing general liability and products liability, with your organization named as additional insured? ____ Yes ____ No

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27. Is a Liquor License required for this event? Yes No

If yes, who holds the Liquor License? _____

Is beer, wine, or liquor sold? Yes No Expected Receipts \$ _____

If Yes, is it sold by subcontracted vendors? Yes No

If Yes, does vendor provide a Certificate of Insurance? Yes No

Are servers trained in alcohol awareness? Yes No If no, please explain: _____

Is beer, wine or liquor distributed free? Yes No If Yes, describe operation: _____

28. Do you have a system for obtaining certificates naming your organization as an additional insured on your exhibitors' insurance? Yes No

29. Will the event include any of the following?

Covered elsewhere?

Rides or Mechanical Amusement Devices? Yes No Yes No

Moonbounces, Trampolines, Bungee Devices? Yes No Yes No

Petting Zoo, Animal Rides, Animal Acts? Yes No Yes No

Fireworks, Pyrotechnics? Yes No Yes No

Auto or Motorcycle Stunts / Exhibitions? Yes No Yes No

Monster Truck Exhibits / Rides? Yes No Yes No

If coverage is required for any of the above, attach a description for underwriting review. If covered elsewhere, is a Certificate of Insurance provided naming your event as additional insured? Yes No

CONCERTS / PERFORMANCES

30. Bands / Performers Names

Type of Music / Program

_____	_____
_____	_____
_____	_____

31. Do professional performers hold the event harmless with regard to any injuries? Yes No

32. If stage is used, how high and what systems or physical characteristics keep spectators off stage? _____

Who is responsible for Stage Set Up? _____ If contracted, is a Certificate of Insurance provided naming your event as additional insured? Yes No

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33. Number of grandstands, if any: ____ # Permanent ____ # Temporary
Seating capacity: _____ Construction of Grandstands: _____ Age: ____
Do Bleachers & Grandstands have Back and Side Rails? ____ Yes ____ No
If temporary bleachers are used, who is responsible for set up? _____ If contracted,
is a Certificate of Insurance provided naming your event as additional insured? ____ Yes ____ No
34. If temporary lighting is used, who is responsible for set up? _____
If contracted, is a Certificate of Insurance provided naming your event as additional insured? ____ Yes ____ No
35. If tents are used, who is responsible for set up? _____
If contracted, is a Certificate of Insurance provided naming your event as additional insured? ____ Yes ____ No
36. What percentage of attendance will be festival seating, i.e., non-reserved? _____
37. How long before scheduled performance time will you allow entry of spectators? _____

PARADES - If a parade is part of your exposure, those participating in the parade using "licensed for road use vehicles" must provide you with certificate of vehicle liability insurance, naming the Event as an additional insured regarding the parade exposure

38. Length of Parade Route Are all roads closed? ____ Yes ____ No Attach a diagram of the parade route.
Estimated number of participants _____ Estimated number of spectators _____
Number of Floats _____ Number of Bands _____
Number of Equestrian Units _____ Number of Motorized Units _____
Are beads, souvenirs or other items allowed to be thrown into the crowd? ____ Yes ____ No
If yes, describe _____

ATHLETIC EVENTS: Attach a description of each event, if not included in program/schedule

39. Are signed waivers obtained, or included in registration form for all athletic events? ____ Yes ____ No

SIGNATURE

____ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____



SPECIAL EVENT APPLICATION

SIGNATURE – continued

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: 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. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE _____

PRODUCER'S NAME (Please Print) _____

STATE PRODUCER LICENSE # (Required in Florida) _____

APPLICANT'S SIGNATURE _____ DATE _____

SIGNED APPLICATIONS REQUIRED FOR BINDING