



Erickson-Larsen, Inc.  
 6425 Sycamore Court North  
 Maple Grove, MN 55369-6028  
 Phone: 763-535-0055 Fax: 763-535-4051  
 Wats: 800-442-3168

Bjornson/Sentinel – E&L  
 P.O. Box 2827  
 Fargo, ND 58108-2827  
 Phone: 701-232-2444 Fax: 701-232-2529  
 Wats: 800-284-0965

Erickson-Larsen, Inc. – WI  
 P.O. Box 8156  
 Madison, WI 53708-8156  
 Phone: 608-249-6050 Fax: 608-249-5874  
 Wats: 888-249-6050

## SPECIAL EVENT GENERAL LIABILITY APPLICATION

Named Insured:	Agency Name:
Address:	Address:
Phone Number:	Phone Number
Fax Number:	Fax Number

1. Desired Policy Date: From: \_\_\_\_\_ To: \_\_\_\_\_  
*12:01 A.M., Standard Time At the Address of the Named Insured as Stated Herein.*

COVERAGES	LIMITS
<input type="checkbox"/> Products – Completed Operations	General Aggregate \$ _____
<input type="checkbox"/> Premises Operations	Products-Completed Operations \$ _____
<input type="checkbox"/> Medical Payments	Personal and Advertising Injury \$ _____
<input type="checkbox"/> Contractual Liability	Each Occurrence \$ _____
<input type="checkbox"/> Damage to Premises Rented to You	Damage to Premises Rented to You \$ _____
<input type="checkbox"/> Personal and Advertising Injury	Medical Payments \$ _____

3.

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS					
Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

4. During the past three years has any company ever canceled, declined or refused to issue any similar insurance to the applicant?     Yes  No If yes, advise reason: \_\_\_\_\_

5. Provide a complete description of all events including locations and dates (attach any flyers, brochures, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **Applicant's experience** in conducting events of this or similar nature: \_\_\_\_\_

How many times has this event been held in the past? \_\_\_\_\_

7. **Attendance Information** (All questions must be answered):

- a. Est. attendance per day: \_\_\_\_\_ Ticket Price: \$ \_\_\_\_\_ Est. gross receipts: \$ \_\_\_\_\_
- b. Maximum daily attendance: \_\_\_\_\_
- c. Length of event: \_\_\_\_\_
- d. Estimated age group of audience: From \_\_\_\_\_ To \_\_\_\_\_
- e. No. Of Participants: \_\_\_\_\_ Do participants sign waiver of liability agreements?  Yes  No
- f. Is set up and/or take down coverage desired?  Yes  No If yes, on what date(s)? \_\_\_\_\_

8. **Concessions:**

- a. Are food or beverages sold or served by applicant?  Yes  No  
If yes, explain:

Provide estimated receipts \$ \_\_\_\_\_

- b. Is liquor sold or served by insured?  Yes  No If yes, explain: \_\_\_\_\_
- c. Is host liquor requested?  Yes  No
- d. Is liquor sold or served by others?  Yes  No If yes, do they have their own insurance?  Yes  No

9. **Security**

- a. Describe security arrangements:

- b. Type of security employed (indicate type and number of each)

<input type="checkbox"/> Independent security Co:	# Armed:	# Unarmed:
<input type="checkbox"/> Off-duty police:	# Armed:	# Unarmed:
<input type="checkbox"/> Employed Security	# Armed:	# Unarmed:
<input type="checkbox"/> Chaperons:	# Armed:	# Unarmed:

- c. Do they have power of arrest?  Yes  No
- d. Do they have own insurance?  Yes  No Are certificates furnished?  Yes  No
- e. Is there a written emergency plan in the event of an accident?  Yes  No
- f. What is ratio of guards to admissions, spectators? \_\_\_\_\_

10. **Stadiums/Seating:**

- a. Are bleachers or platforms to be used?  Yes  No
- b. If yes, type:  portable  permanent  
If portable, who erects? \_\_\_\_\_  
Do they have own insurance?  Yes  No Do they provide certificates?  Yes  No  
Is applicant named as additional insured?  Yes  No
- c. Number of grandstands, bleachers, platforms. \_\_\_\_\_
- d. Back and side railings provided?  Yes  No
- e. Construction:  Wood  Steel  Concrete  Other: \_\_\_\_\_
- f. Height in feet: \_\_\_\_\_ Age of bleachers or platforms: \_\_\_\_\_
- g. Are patrons protected from, and warned against, potential flying objects?  Yes  No

- h. Are patrons allowed on the field, track or pit area?  Yes  No
- i. Is the public address system clearly audible in all parts/area of the facility?  Yes  No
- j. Is there backup electrical supply for lighting and the public address system?  Yes  No

11. **Traffic Control/Parking**

- a. Who is responsible for crowd and traffic control? \_\_\_\_\_
- b. Is the parking concession owned or operated by insured?  Yes  No
- c. If not, is there a concession operated by others?  Yes  No Do they have own insurance?  Yes  No
- d. Type of lot:  pavement  cement  dirt  Covered  other: \_\_\_\_\_
- e. Area of parking: \_\_\_\_\_

12. **First Aid**

- a. Will First Aid facilities be provided at the event?  Yes  No
- b. If yes, describe:  
\_\_\_\_\_
- c. If yes, who will be in charge of the facilities?  Doctors  Nurses  Others: \_\_\_\_\_

13. **Hold-harmless Agreements:**

- a. Is insured required to sign a lease agreement?  Yes  No If so, attach copy to this application.
- b. Is applicant held harmless by others?  Yes  No
- c. Does the applicant agree to hold any third party harmless?  Yes  No
- d. If yes, who?  
\_\_\_\_\_

14. **Additional Insureds:**

- a. Are any additional insureds required?  Yes  No
- b. If yes, list name and describe interest of each: \_\_\_\_\_

15. **Concerts/Band/Dances**  Not Applicable

- a. Will live entertainment/concerts/bands be provided?  Yes  No
- b. Name of performer(s) or group(s): \_\_\_\_\_
- c. Do they have own insurance?  Yes  No Are they required to furnish certificates?  Yes  No
- d. Concert is:  Indoor  Outdoor  
(If outdoors, attach diagram of premises showing seating, snack bar, restroom, facilities, etc.)
- e. Estimated attendance for the concert(s) only:  
\_\_\_\_\_
- f. Seating is:  Assigned  Unassigned Capacity of facility used for concert: \_\_\_\_\_
- g. Type of music being performed:
 

<input type="checkbox"/> Classical	<input type="checkbox"/> Jazz	<input type="checkbox"/> Rap	<input type="checkbox"/> Blue Grass
<input type="checkbox"/> Country	<input type="checkbox"/> Gospel	<input type="checkbox"/> R & B	<input type="checkbox"/> Alternative
<input type="checkbox"/> Hard Rock	<input type="checkbox"/> Hip-Hop	<input type="checkbox"/> Gothic	<input type="checkbox"/> Heavy Metal
<input type="checkbox"/> Punk	<input type="checkbox"/> Easy Listening	<input type="checkbox"/> Other (describe) _____	
- h. Are there any Special Effects?  Yes  No Describe: \_\_\_\_\_

16. **Fireworks**  Not Applicable

- a. Describe public protection (also attach diagram):  
\_\_\_\_\_
- b. Applicant is:  Sponsor  Contractor If sponsor, does contractor have own insurance?  Yes  No  
(attach certificate of insurance)
- c. Who will be igniting the fireworks?  
 Fire Department  **Licensed** Pyrotechnician  Other (explain in detail) \_\_\_\_\_
- d. Distance between fireworks staging area and audience.  
\_\_\_\_\_
- e. Are volunteers used to perform any duties?  Yes  No Explain: \_\_\_\_\_
- f. Are Spectators allowed in fireworks staging area?  Yes  No

17. **Fair or Celebration**  Not Applicable

- a. Any amusement devices or rides?  Yes  No  
(If so, and owned or operated by applicant, attach list and description of each.)  
If owned or operated by others, do they have own insurance?  Yes  No  
(Attach certificate(s) of insurance)
- b. Are devices stationary?  Yes  No
- c. Will ride operators hold applicant harmless?  Yes  No
- d. Are Rides Inspected?  Yes  No By who? \_\_\_\_\_
- e. Do rides have signs clearly marking age, height, and size limitation?  Yes  No
- f. Do vendors provide certificates of insurance?  Yes  No
- g. Attach list of all events - if concerts, fireworks, parades, rodeos, etc. complete applicable sections of this application.
18. **Parade**  Not Applicable
- a. Attach diagram of route and spectator areas. Also, attach list of entrants and description of floats.
- b. Are there any animals?  Yes  No Explain: \_\_\_\_\_
- c. Length of Parade route: \_\_\_\_\_
- d. Motorized vehicles and/or floats \_\_\_\_\_
- e. Are cross streets barricaded?  Yes  No
19. **Rodeo, Horse Show, Cattle Show, etc**  Not Applicable
- a. Describe event in full detail: \_\_\_\_\_
- b. Number of event days? \_\_\_\_\_ Number of events: \_\_\_\_\_ Event is:  Profit  Non-profit
- c. Do livestock contractors have own insurance?  Yes  No Do they provide certificates?  Yes  No
- d. Describe spectator protection and separation from chutes, pens, loading zones: \_\_\_\_\_
- e. Distance between barriers and spectators? (please provide a diagram) \_\_\_\_\_
20. **Haunted House**  Not Applicable
- a. Are there lead and follow-up guides?  Yes  No
- b. Is there a door monitor?  Yes  No
- c. Is there separate entrance and exits?  Yes  No
- d. Do they have any of the following:  
 Stairs? ( If so, are the lit?  Yes  No )  Slides  Fire  Moveable floors  Sinking floors  
 Touching of spectators  Electric shock devices
- e. Is there any cardboard construction?  Yes  No
21. **Racing/Motorized Vehicle Event**  Not Applicable
- a. Type of Race/event (i.e. stock cars, sprint, motorcycles, ATVs, Tractors, Trucks, Snowmobiles, demo derby, etc)  
\_\_\_\_\_
- b. Track Name: \_\_\_\_\_
- c. Number of Event dates planned for current year: \_\_\_\_\_ Number of Events held last year: \_\_\_\_\_
- d. Average Attendance per Event date: \_\_\_\_\_ Maximum Attendance per event date: \_\_\_\_\_
- e. Track Description: (Attach diagram showing the following)
- i. Location of all grandstands/bleachers and any other area where spectators are allowed;
  - ii. Pit area location including entrance and exits;
  - iii. Location of debris fence and barriers
  - iv. Location of designated parking areas
  - v. Location of all concessions, rest rooms, medical facilities, etc.
  - vi. Location of crowd control fences; and
  - vii. Shape of track (straight, oval, serpentine, etc.).
- f. Length of track: \_\_\_\_\_
- g. Track surface:  dirt  concrete  asphalt  other: \_\_\_\_\_
- h. Barriers:
- i. Construction type/material: \_\_\_\_\_
  - ii. Height: \_\_\_\_\_ Thickness: \_\_\_\_\_
  - iii. How many feet from the lowest set of seats or spectator area to the barrier?
  - iv. Do barrier protect: Pit area  Yes  No; spectator areas  Yes  No; Private Party  Yes  No
- i. Debris Fence

- i. Fence post material: wood concrete metal Other: \_\_\_\_\_
- ii. Number of feet between fence posts
- iii. Height above racing surface
- iv. Type/gauge of fence wire
- v. Does debris fence protect all Spectator Areas  Yes  No
- j. Are spectators permitted to sit in:
  - i. Their autos to watch the race?  Yes  No
  - ii. The infield?  Yes  No
  - iii. The pit area?  Yes  No
  - iv. Are there grandstands in the pit area?  Yes  No
  - v. If yes, are the grandstands in the pit area protected by a barrier?  Yes  No
- k. Are there any playground/amusement rides on the premises?  Yes  No
- l. Does the applicant have a Web Site?  Yes  No If yes provide web address: \_\_\_\_\_
- m. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: If Event or Exhibition is Other Than Above, Attach Separate Sheet Giving Full, Complete Details and Diagrams.**

**FRAUD STATEMENT**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.  
 Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_