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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: _____