



# SPECIAL EVENT APPLICATION

(complete for each location)

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_

Form of Business: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Other:

## EXPERIENCE

1.	Years of experience conducting event or similar event:																								
2.	During the past 3 years has coverage been canceled, declined or refused? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:																								
3.	<b>PROVIDE PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS</b>																								
	<table border="1"><thead><tr><th>YEAR</th><th>CARRIER</th><th>COVERAGE</th><th># LOSSES</th><th>LOSS DESCRIPTION</th><th>AMOUNT</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	YEAR	CARRIER	COVERAGE	# LOSSES	LOSS DESCRIPTION	AMOUNT																		
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## GENERAL LIABILITY LIMITS

General Aggregate	\$
Products/Completed Operations	\$
Personal/Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented to You	\$
Medical Payments	\$

## EVENT DETAILS

1.	Provide a complete description of all events (attached copy of brochure or flyer)		
2.	Location Address of Event: <input type="checkbox"/> Same as mailing		
3.	Number of Events	Planned for Current Year:	Held Last Year:
4.	Dates of Event:	From:	To:
	Hours of Event:	From:	To:
5.	Is set-up and takedown coverage needed for additional dates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	a. If yes, advise dates and exposures:		

**ATTENDANCE INFORMATION** (All questions must be answered)

1.	Attendance per Day:	Average:	Maximum:
2.	Ticket Price:	Est. Gross Receipts:	
3.	Length of Event:	Est. Age Group of Audience:	
4.	No. of Participants:	Do participants sign waiver of liability agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ACTIVITIES/ATTRACTIONS** (All questions must be answered)

1.	Are there any amusement devices or rides? (if yes, attach list and description of each)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If owned or operated by others, do they have their own insurance? (provide certs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Are rides/devices inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. If inspected, by whom?	
	d. Are signs displayed and clearly marked showing age, height, and size limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are any of following available (check all that apply) <input type="checkbox"/> <b>NA</b>	
	<input type="checkbox"/> Bungee Jumping <input type="checkbox"/> Hot Air Balloon Rides <input type="checkbox"/> Skydiving <input type="checkbox"/> Parachuting	
	<input type="checkbox"/> Inflatables (Bounce House) <input type="checkbox"/> Trampolines <input type="checkbox"/> Water Rides <input type="checkbox"/> Water Slides <input type="checkbox"/> Dunk Tanks	
3.	Are there any construction exposures (e.g. Habitat for Humanity)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are there any hunts for dangerous game (bears, wild big cats, alligators, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are there any hunts taking place on dangerous terrain (steep mountains, cliffs, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are there any bonfires or open pit fires?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Is the fire confined to a controlled area, bounded by stone or metal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is anything other than wood burned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Are fire extinguishers or a water source readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Who is responsible for monitoring and controlling the fire?	
7.	If tradeshow booth, are attendees involved in physical activities or using equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If festival/carnival/fair, do vendors/amusement operators provide certificates of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the event involve pumpkin or potato throwing, launching or catapulting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Is the area fenced to separate spectators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Any overnight camping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Will the event feature any medical or health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Does the event have any horse drawn rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FIRST AID** ☐ **NA**

1.	Describe the first aid service that are available:
2.	Who is in charge of the facilities? <input type="checkbox"/> Doctors <input type="checkbox"/> Nurses <input type="checkbox"/> other:

**ADDITIONAL INSUREDS**☐ **NA**

1.	Are any additional insureds required? If yes, list names and describe interest of each.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is insured required to sign a lease agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is applicant held harmless by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the applicant agree to hold any third party harmless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, indicate who:			

**PARADE**☐ **NA**

1.	Details and length of parade route (include diagram of route and spectator areas and attached list of entrants)		
2.	Describe motorized vehicles and/or floats:		
3.	Are cross streets barricaded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are parade participants permitted to throw souvenirs, candy or other items into the crowd?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are there any animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, explain?			

**TRAFFIC CONTROL AND SECURITY**☐ **NA**

1.	Describe security and crowd control arrangements:			
2.	Type of security employed (indicate type and number of each)			
	Number Armed	Number Unarmed		
Independent Security Co:				
Volunteer Chaperons:				
Employed Security:				
Police Officer:			<input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	
3.	If security is provided by independent contractors, are they required to carry insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is there a written emergency plan in the event of an accident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Who is responsible for crowd and traffic control?			
6.	Is the parking concession owned or operated by insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**CONCESSIONS, LIQUOR**☐ **NA**

1.	Receipts: Food: \$	Alcohol: \$
2.	Is liquor liability for the special event desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Enter desired liquor liability limits:	
	b. Does your special event have a liquor license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. If no, does the event have a subcontracted liquor vendor with a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. If days and hours of event vary from those listed under Event Details above, describe:	
	e. Estimated number of attendees consuming alcohol daily:	
	f. For this event, is the applicant acting in the capacity of a hired caterer or bartender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Is applicant in a business that regularly sells, serves or furnishes alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	h. Is applicant the sole vendor/server of alcohol at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. If multiple vendors, are all vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	j. Will alcohol be dispensed by a professional bartender or server that has taken a formal alcohol awareness training course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	k. Will alcohol be sold by applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	l. Is BYOB (Bring Your Own Bottle) or self-service alcohol permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	m. Is there a limit to the number of alcoholic beverages served to a patron at any one time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	n. Is liquor served in a fenced-off area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	o. Are the ages of all patrons verified prior to being served alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SEATING AND STADIUMS**☐ **NA**

1.	Number of grandstands or bleachers (if any):	Permanent:	Temporary/Portable:
	a. If portable, who erects?		
	b. Do they have their own insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. Are certificates of insurance provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	d. Is insured named as additional insureds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Are back and side railings provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Are patrons protected from, and warned against, potential flying objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are patrons allowed on the field, track or pit area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Is the public address system clearly audible in all parts/area of the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CONCERTS, BAND, DANCES**☐ **NA**

1.	Type of music performed: <input type="checkbox"/> Country <input type="checkbox"/> Pop <input type="checkbox"/> Rap <input type="checkbox"/> Punk <input type="checkbox"/> Hard Rock <input type="checkbox"/> Classical <input type="checkbox"/> Easy Listening <input type="checkbox"/> Jazz <input type="checkbox"/> Other:
2.	List all performers or groups:
3.	Is music performed <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Other:
4.	Is seating <input type="checkbox"/> Assigned <input type="checkbox"/> Unassigned Capacity of facility:
5.	Are there any special effects? <input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, explain:

**FIREWORKS**☐ **NA**

1.	Who will ignite the fireworks? <input type="checkbox"/> Licensed Pyrotechnician <input type="checkbox"/> Fire Department <input type="checkbox"/> Other a. If other, explain:
2.	Type of pyrotechnic license held? License Number:
3.	Is a permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, what authority issued the permit?
4.	Distance between fireworks staging area and audience?
5.	Are spectators allowed in the fireworks staging area? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are volunteers/employees used to perform any duties? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Describe public fire and safety protection?

**RODEO, ANIMALS, HAY RIDES, ETC**☐ **NA**

1.	Describe event in full detail:
2.	Describe spectator protection and separation from chutes, pens, loading zones:
3.	Type of animals:
4.	Distance between barriers and spectators: (provide a diagram)
5.	Does the public/spectators participate? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, explain?
6.	Are there hay rides? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Is the ride specifically designed and constructed by others to transport people? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Are the seats for riders permanently mounted? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Is the vehicle equipped with sides or rails to prevent riders from falling? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Are any ride operators under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Does it operate on or cross any public streets, road, highway or thoroughfare? <input type="checkbox"/> Yes <input type="checkbox"/> No

# HAUNTED HOUSE

☐ NA

1.	Describe building and construction:		
2.	Age of building:	Condition:	
3.	Ratio of attendants to public:	No. of people per Group:	Age of clients:
4.	Are children supervised?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are there separate entrances and exits?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has it been inspected by a Fire Marshall and meets all local, city and state codes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are any of the following present? <input type="checkbox"/> Unlit Stairs <input type="checkbox"/> Moveable Floors <input type="checkbox"/> Trap Doors <input type="checkbox"/> Slides <input type="checkbox"/> Chutes <input type="checkbox"/> Ladders <input type="checkbox"/> Fire/Flash Powders <input type="checkbox"/> Suspended Bridges <input type="checkbox"/> Electric Shock Devices a. Explain:		
8.	Are any of the following present? <input type="checkbox"/> Empty Nooses <input type="checkbox"/> Knives, swords, or similar weapons <input type="checkbox"/> Chainsaws <input type="checkbox"/> Open Flames a. Explain:		
9.	Do you have lead and follow-up guides?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Do you have a door monitor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are patrons allowed to touch or interact with displays or skits?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Is there any physical contact with the public/patrons?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are there any blackouts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Is there any cardboard construction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Is smoking allowed on the premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Does the attraction take place in: <input type="checkbox"/> Basements <input type="checkbox"/> Boats/Barges <input type="checkbox"/> Condemned Buildings <input type="checkbox"/> Abandoned Buildings a. Explain:		
17.	Describe any temporary structures:		

# **MOTORIZED VEHICLE EVENT**

☐ **NA**

1.	Type of race/event (i.e. stock cars, sprint, motorcycles, ATVs, Tractors, Trucks, Snowmobiles, Demo Derby, etc)	
2.	Track Name:	Length of Track:
3.	Track Description - <b>Attach diagram</b> showing the following:	
	a. Location of all grandstands/bleachers and any other area where spectators are allowed	
	b. Shape of track (straight, oval, serpentine, etc)	
	c. Pit area location including entrance and exits	
	d. Location of debris fence, barriers, crowd control fences and designated parking areas	
	e. Location of all concessions, rest rooms, medical facilities, etc.	
4.	Track Surface: <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other	
5.	Barriers:	
	a. Construction type/material:	
	b. Height:	Thickness:
	c. How many feet from the lowest set of seats or spectator area to barrier?	
	d. Barriers protect: <input type="checkbox"/> Pit Area <input type="checkbox"/> Spectator Area <input type="checkbox"/> Private Party <input type="checkbox"/> Other	
6.	Debris Fence:	
	a. Fence Post Material <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Other	
	b. Feet between fence posts:	Type/gauge of fence wire:
	c. Height above racing surface:	
	d. Does debris fence protect all spectator areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are spectators permitted to sit in?	
	a. Their autos to watch the race?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. The infield?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. The Pit area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Are there grandstands in the pit area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. If yes, are they protected by a barrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do participants sign a waiver of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	If a car or motor vehicle show, do vehicles remain stationary throughout the show with engines off?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Will the event feature burnouts, drag races or flame throwing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INFLATABLES/BOUNCE HOUSE**☐ **NA**

1.	Number of Inflatables:	
2.	Provide description of each:	
3.	Are inflatables provided by the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are inflatables provided by vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Do vendors have General Liability Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Advise limits:	
	c. Is applicant included as additional insured on vendor's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Does applicant obtain certificates of insurance from vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Do vendors hold applicant harmless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does applicant or vendor oversee use of inflatables?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Provide explanation:	

**NOTE: If Event is not listed above, attach separate sheet with 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.

Agency Name: \_\_\_\_\_

Producer Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_