



SPECIAL EVENTS LIABILITY APPLICATION

- 1. Name (Applicant):
2. Address:
3. Name of Event:
4. Dates of Event:
5. Location of Event:
6. Description of Event:
7. Is the Event Indoors or Outdoors?
8. Seating Capacity:
9. Number of Tickets Printed:
10. Price of Admission:
11. General Limits of Liability:
12. Will insured be responsible for any food or refreshment sold on premises?
13. Will there be any exhibitions, demonstrations, parades or pageants?
14. Are any Additional Insured's required?
15. Describe type of Seating Provided:





16. If the Event is Outdoors, and Seating is involved (any type), does the Event end ninety minutes prior to sundown? Yes No

If no, is there permanent lighting over all spectator areas and all Parking Lots? _____

17. If a stage is involved, is it Permanent or Temporary stage? _____

If temporary, who is responsible for set up of stage, Applicant or other (name)? _____

If other than applicant, are certificate of Insurance provided? Yes No Limit: _____
Insurer: _____ Is Applicant named as an Additional Insured thereon? Yes No

18. If Pyrotechnics is involved, who is responsible for set up of same, applicant or other? _____

If other than applicant, is certificate of Insurance provided? Yes No Limit: _____
Insurer: _____ Is Applicant named as an Additional Insured thereon? Yes No

19. If a tent is involved, who is responsible for set up of same, applicant or other? _____

If other than applicant, is certificate of Insurance provided? Yes No Limit: _____
Insurer: _____ Is Applicant named as an Additional Insured thereon? Yes No

20. Are Ushers Used? Yes No Who is providing same? Applicant or other: _____

21. Number of Vendors/Trade Booths: _____ Kinds of Goods Sold or Displayed: _____

22. Are all Goods finished products, or are there any on-site demonstrations of skills (i.e. any blacksmithing, candle making, cooking, etc. being done at the Event?) Describe: _____

23. Are Vendor/Trade booths required to provide a Certificate of Insurance? Yes No
Limit: _____ Insurer: _____
Is applicant named as Additional Insured thereon? Yes No

24. How is this Event being advertised? _____

25. Who is providing EMT, Applicant or other? _____

If other than Applicant, is a Certificate of Insurance provided? Yes No

26. If there is Liquor exposure, is there a Liquor Liability Policy in force to cover same? Yes No

Limit: _____ Insurer: _____

Is a Certificate of Insurance Provided? Yes No Is Applicant named as Additional Insured thereon? Yes No





27. Are there Cooking Facilities on the Premises? [] Yes [] No
If yes, what type of Fire Protection is Present? _____

28. Is Applicant providing any Overnight Camping Facilities or other accommodations? [] Yes [] No
If yes, Describe: _____

29. Who is responsible for providing Security (name)? _____

If Applicant, is Security provided by employees or an outside Security firm? _____

If Outside Security Firm, are they providing Certificate of Insurance? _____

Limit: _____ Is Applicant named as Additional Insured thereon? [] Yes [] No

Is Security provided (by Applicant or other) armed or unarmed? _____

What is the experience of the Security Firm? _____

30. If the event is being held on a street or other public vehicular access, what protection will be set up between the street & sidewalks?

31. Does the Event involve a Parade? [] Yes [] No Number of Units in Parade: _____
(Marching Band, Float, Car carrying Personalities, etc. are each considered as one unit) Number of Floats: _____
Is anything being thrown from the floats? [] Yes [] No If yes, Describe: _____

Length of Parade in Blocks: _____ Length in Time: _____

Estimated Number of Spectators in Parade: _____

32. Is Applicant signing any Hold Harmless Agreements? [] Yes [] No Please attach copies.

33. Is Applicant being Held Harmless by Others? [] Yes [] No If yes, by whom and describe extent of same:
Attach copy of agreement if available

34. Has this Event been held by Applicant in the past? [] Yes [] No Number of years: _____

Provide details of all Losses, Claims, or Incidents, Insured or Uninsured in all Events in the past 5 years:





Premium and Loss Record for the last 5 years

Year	Name of Carrier	Premium	Losses	Total Losses Paid &/or Reserved
This Year				
One year ago				
Two years ago				
Three years ago				
Four years ago				

35. Describe any losses in detail: _____

36. Check if your present Insurance has been: Cancelled Declined Insurance: _____
 Carrier refused to renew None of these
 Explain: _____

VERY IMPORTANT

- PLEASE ATTACH COPIES OF ALL LEASE AND HOLD HARMLESS AGREEMENTS.
- PLEASE ATTACH A COPY OF BROCHURE OF THIS EVENT
- INCLUDE A DIAGRAM OF LOCATION(S) TO BE USED.
- ALLOW ENOUGH TIME TO FINALIZE TOTAL PROGRAM INCLUDING FULL PREMIUM PAYMENT PRIOR TO YOUR EVENT.

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- Applicant warrants and represents that the above answers and statements are all in respects true and material to the issuance of an insurance policy and that Applicant has not omitted, suppressed or misstated any facts.*
- The signing and filing of the Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance issued by the Company in response hereto.*
- All exclusions in the Policy apply regardless of any answers or statements in this Application.*
- Applicant understands that the Deductible under any policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy*
- If any of the above questions have been answered fraudulently, or in any such way as to conceal or misrepresent any material fact or circumstance concerning this insurance or subject thereof, the entire Policy shall be void.*

Date Signed: _____

Applicant Signature: _____

By: _____

Title: _____

Agent/Broker: _____

Firm Name: _____

Address: _____

Telephone Number: _____

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