

Special Events Liability Application



1. Federal Employer ID#: _____
 Insured Name(s): _____

2. Address: _____
Street
City
County
State
Zip

3. Event Dates _____ Times: From _____
AM
PM TO
AM
PM
 Dates Coverage Requested: From _____ 12:01 A.M. To _____ 12:01 A.M.

4. Event Name _____

5. Event Location _____

6. Facility Name _____

Does facility carry Liability Insurance AM PM Limits \$ _____

7. Description of Events _____

8. Is the event: Indoors Outdoors
 If the event is outdoors, is the area fenced or otherwise enclosed: Yes No

9. Are you responsible for parking? Yes No If Yes, square footage of parking area: _____
 Is lot attended? Yes No

10. Seat capacity _____ Estimated attendance Per Day _____ Total _____

11. Number of Tickets: Printed - _____ Sold To Date - _____

12. Price of Admission \$ _____ Estimated Gross Receipts \$ _____
 Estimated Payroll \$ _____

13. Limits of Liability requested:: Occurrence _____ Aggregate _____
 Deductible requested: _____

14. Additional Insured to be added:

Name	Address	Relationship

15. Will there be any exhibitions, demonstrations, parades or pageants? Yes No
 If yes, describe. _____

16. Type of Seating
 a. Seat construction: Temporary Permanent
 b. Seating is: Reserved General Admission
 c. Seating provided: Bleacher Stadium Grandstand Theatre Folding Chairs
 Other: _____

17. If the event is outdoors, does the event end ninety minutes prior to sundown? Yes No
 If no, is permanent lighting over all spectator areas and all parking lots? Yes No

18. If a stage is involved, is it: Temporary Permanent
 If temporary, who is responsible for set up of same? Applicant Other (name) _____
 If other than Applicant, is a Certificate of Insurance provided: Yes No
 Limit \$ _____ Insuror: _____
 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 Other (name) _____
 If other than Applicant, is a Certificate of Insurance provided: Yes No
 Limit \$ _____ Insuror: _____
 Is Applicant named as an Additional Insured thereon? Yes No
20. Is Temporary Lighting involved: Yes No
 Who is responsible for hook-up of same? Applicant Other (name) _____
 If other than Applicant, is a Certificate of Insurance provided: Yes No
 Limit \$ _____ Insuror: _____
 Is Applicant named as an Additional Insured thereon? Yes No
21. Are ushers used? Yes No Ushers are provided by Applicant Other(name) _____
22. Number of vendors/trade booths: _____
 Kinds of goods sold or displayed: _____
23. Are all goods finished products, or are there any On-site demonstrations of skills (blacksmithing, cooking, etc.) Yes No If yes, describe: _____
24. Are vendors/trade booths required to provide a Certificate of Insurance: Yes No
 Limit \$ _____ Insuror: _____
 Is Applicant named as an Additional Insured thereon? Yes No
25. Describe how Event is being advertised: _____

26. Provider of food and/or drink: Applicant Other (name) _____
 Limit \$ _____ Insuror: _____
 Is Applicant named as an Additional Insured thereon? Yes No
27. If there is a Liquor exposure, is there a Liquor Legal Liability Policy in force to cover same? Yes No
 Limit \$ _____ Insuror: _____
 Is a Certificate of Insurance provided? Yes No
 Is Applicant named as an Additional Insured thereon? Yes No
28. Are there cooking facilities on the premises? Yes No
 If yes, type of fire protection present: _____
29. Is Applicant providing any overnight camping facilities or other accommodations? Yes No
 If yes, describe: _____
30. Party responsible for providing security (name) _____
 If Applicant, is security providing by: _____
 If outside security firm, are they providing Certificate of Insurance? _____

31. Describe protection being set up between the street and sidewalks, if the Event is being held on a street or other public place of vehicular access.

32. Does the Event involve a parade? Yes No
Number of units in parade: _____ (One unit: a marching band, float, car carrying personality, etc.)
Number of floats: _____ Is anything thrown from any of the floats? Yes No
If yes, describe: _____
Length of parade in blocks: _____ Length of time: _____
Estimated number of spectators at parade: _____

33. Is Applicant signing any Hold Harmless Agreements: Yes No
If Yes, with whom and assuming responsibility for what? _____

34. Is Applicant being Held Harmless by others: Yes No **Attach copy of Agreement, if available.**
If Yes, by whom; describe extent of same. _____

35. Has the Event been held by the 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:

36. Premium and Loss Record for the last five (5) years:

	Name of Carrier	Premium	Losses	Total Amount of Losses Paid and/or Reserved.
This Year	_____	\$ _____	\$ _____	\$ _____
One Year Ago	_____	\$ _____	\$ _____	\$ _____
Three Years Ago	_____	\$ _____	\$ _____	\$ _____
Four Years Ago	_____	\$ _____	\$ _____	\$ _____

Describe, in detail, any losses over \$5,000: _____

37. (NOT APPLICABLE IN MISSOURI)
Present insurance has been Cancelled Insurance Carrier refused to renew Neither
Explain: _____

VERY IMPORTANT

1. Attach copies of all Lease and Hold Harmless Agreements.
2. Attach a copy of brochure of this Event.
3. Includes a diagram of location(s) to be used.
4. Allow enough time to finalize total program, including full premium payment ten (10) days prior to your Event.

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING

1. Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
2. 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 is issued by the Company in response hereto.
3. All Exclusions in the Policy apply regardless of any answers or statements in this Application.
4. Applicant understands that the Deductible under any Policy is to issued in response hereto shall include both loss payment and claim expense as defined in the Policy.
5. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire Policy shall be void.

Date _____ Applicant _____
By _____
Title _____

VERY IMPORTANT

Application must be signed by PRODUCER/AGENT or APPLICANT

Agent/Broker _____
Address _____
Contact _____ Phone Number _____

For Coverage other than General Liability, please attach Applicable Acord Applications.

