

INSURED _____
EFFECTIVE DATE _____

PRODUCER CODE _____
STATE CODE _____

SPECIAL EVENTS APPLICATION

1. NAME OF APPLICANT APPLICANT IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER (Specify)			
STREET ADDRESS	CITY	STATE	ZIP CODE

2. ADDRESS OF EVENT:
DESCRIBE LOCATION OF EVENT:

3. DATE OF EVENT	<u>FROM</u>	<u>TO</u>	COVERAGE DATES REQUIRED (IF OTHER THAN EVENT DATES)
TIME OF EVENT	<u>FROM</u>	<u>TO</u>	

4. ESTIMATED ATTENDANCE PER DAY:	TOTAL ESTIMATED PARTICIPANTS:	GROSS RECEIPTS:	MAXIMUM CAPACITY OF LOCATION OF EVENT:
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5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING, BROCHURE, ETC., IF ANY):

<p>6. EVENT WILL BE HELD: <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS</p> <hr/> <p>7. SEATING WILL BE:</p> <p><input type="checkbox"/> RESERVED SEATING</p> <p><input type="checkbox"/> GENERAL ADMISSION</p>	<p>8. CROWD CONTROL</p> <table style="width: 100%;"><thead><tr><th style="text-align: left;">TYPE</th><th style="text-align: right;">NUMBER</th></tr></thead><tbody><tr><td><input type="checkbox"/> USHERS</td><td style="text-align: right;">_____</td></tr><tr><td><input type="checkbox"/> PRIVATE SECURITY</td><td style="text-align: right;">_____</td></tr><tr><td><input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED</td><td style="text-align: right;">_____</td></tr><tr><td><input type="checkbox"/> OFF-DUTY POLICE</td><td style="text-align: right;">_____</td></tr><tr><td><input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED</td><td style="text-align: right;">_____</td></tr><tr><td><input type="checkbox"/> POLICE</td><td style="text-align: right;">_____</td></tr><tr><td><input type="checkbox"/> GUARD DOGS</td><td style="text-align: right;">_____</td></tr><tr><td><input type="checkbox"/> OTHER (DESCRIBE) _____</td><td style="text-align: right;">_____</td></tr></tbody></table>	TYPE	NUMBER	<input type="checkbox"/> USHERS	_____	<input type="checkbox"/> PRIVATE SECURITY	_____	<input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED	_____	<input type="checkbox"/> OFF-DUTY POLICE	_____	<input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED	_____	<input type="checkbox"/> POLICE	_____	<input type="checkbox"/> GUARD DOGS	_____	<input type="checkbox"/> OTHER (DESCRIBE) _____	_____
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9. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.)

10. ANY CELEBRITIES TO BE PRESENT? Yes No
IF YES, PROVIDE NAME(S):

SPECIAL NOTE:

THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT

Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

11. WILL BLEACHERS OR PLATFORMS BE USED? Yes No IF YES:

A. PERMANENT PORTABLE

B. CONSTRUCTION: WOOD STEEL CONCRETE OTHER (describe)

C. HEIGHT _____ FT.

D. AGE _____ YEARS

E. BACK AND SIDE RAILINGS PROVIDED Yes No

F. OVERALL CONDITION (DESCRIBE):

12. DOES EVENT INVOLVE:	HAZARD	INTEREST OF APPLICANT	
		<u>SPONSOR</u>	<u>OPERATOR</u>
	FIREWORKS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
	AMUSEMENT RIDES OR DEVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
	FOOD SALES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
	ALCOHOLIC BEVERAGE SALES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>

A. IF APPLICANT IS SPONSOR, DOES OPERATOR HAVE LIABILITY INSURANCE? Yes No

LIMITS \$ _____ NAME OF COMPANY _____

B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR? Yes No

13. HOLD HARMLESS AGREEMENTS:

A. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY? Yes No

B. IS APPLICANT HELD HARMLESS BY OTHERS Yes No

IF ANSWER TO A. OR B. IS YES, ATTACH COPIES OF CONTRACTS

14. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE.

DATE	NATURE OF LOSS	AMOUNT PAID OR OUTSTANDING

15. A. LIMITS OF LIABILITY DESIRED \$ _____ B. PRODUCTS COVERAGE DESIRED? Yes No

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DATE SIGNATURE OF APPLICANT

DATE SIGNATURE OF PRODUCER

REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS