

Special Event Application

Inception: _____

Expiration: _____

Producer Name: _____

Applicant Name: _____

Producer Address: _____

Applicant Mailing Address: _____

Form of Business: Individual Corporation Partnership Joint Venue Other: _____

Address of Event: _____ Describe Location: _____

Describe Special Event in detail and provide all Underwriting information available:

1. Estimated Attendance per Day: _____

2. Event will be held: Indoors Outdoors

3. Crowd Control Type: _____ Number: _____

Private Security _____ Armed Unarmed

Off-Duty Police _____ Armed Unarmed

Ushers _____

Other: _____ Explain: _____

4. Applicants experience in conducting events of this similar nature (Number, dates, etc.): _____

5. Will Bleachers or Platforms be used? Yes No

- a. Permanent Portable
- b. Construction: Wood Steel Concrete
- c. Height (feet): _____
- d. Age (years): _____
- e. Back and Side-Railings Provided? Yes No
- f. Condition: _____

6. Does the Event Involve:

	Interest of Sponsor	Applicant Operator
<input type="checkbox"/> Hazard/Fireworks *	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Amusement Rides or Devices *	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Food Sales	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alcoholic Beverage Sales	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If none	* Please decline if any	

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

7. Hold Harmless Agreements

a. Does applicant agree to hold harmless any third party? Yes No

b. Is applicant held harmless by others? Yes No

8. Loss experience from prior events of same or similar nature: (Attach additional sheets if necessary to explain) If no losses, please write none
 Date: _____ Amount Paid or Reserved: \$ _____
 Nature of Loss: _____

Coverage Information

Limits of Liability Desired:

Products coverage is only available for food sales

Per Occurrence:	\$ _____	Host Liquor Liability Desired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Damage To Premises:	\$ _____			
Med Pay:	\$ _____			
Personal & adv.:	\$ _____			
General Aggregate:	\$ _____			
Prod/Co Opts Agg:	\$ _____			

Deductible Amount: \$ _____

Request for additional Insured(s)

Name: _____ Address: _____

Signatures: _____

THIS FORM IS NOT AN INSURANCE POLICY OR CONTRACT OF INSURANCE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE.

Applicant: _____ Date: _____

Producer: _____ Date: _____