

Special Event Liability Insurance Application

Please complete the following application. As special events vary, some questions may not be applicable. Please indicate "N/A" where necessary. Submission of this application does not guarantee coverage.

SUBMISSION REQUIREMENTS – Please attach the following:

- | | |
|---|--|
| <input type="checkbox"/> Premium and Loss Experience for the past 5 years | <input type="checkbox"/> Brochures of the Event |
| <input type="checkbox"/> Copies of all Lease and Hold Harmless Agreements | <input type="checkbox"/> Diagram of Location(s) to be used |

Name of Applicant _____

Mailing Address _____

Phone _____

Fax _____

Form of Business

- ☐ Individual ☐ Partnership ☐ Corporation ☐ Association ☐ Non Profit ☐ Other

Dates of Event _____

Times(s) _____

Name of Event _____

Location of Event _____

Name of Facility _____

Does the Facility Carry Liability Insurance?

☐ Yes

☐ No

Limits _____

Description of Event _____

How is the Event being Advertised? _____

Is this event Located Indoors or Outdoors? _____

If Outdoors, Is the Area Fenced or Enclosed?

☐ Yes

☐ No

Are you Responsible for Parking?

☐ Yes

☐ No

If Yes, Square Footage of Parking Area _____

What is the Seating Capacity of the Event? _____

What is the Price of Admission? _____

What is the Estimated Attendance Per Day? _____

What is the Estimated Gross Receipts? _____

How Many Athletic Participants Per Day? _____

What is the Estimated Total Payroll? _____

What is the number of Tickets Printed? _____

What is the Number of Tickets Sold to Date? _____

What are the Limits of Liability Requested?

- ☐ \$1,000,000 Each Occurrence / \$1,000,000 General Aggregate
☐ \$1,000,000 Each Occurrence / \$2,000,000 General Aggregate
☐ \$2,000,000 Each Occurrence / \$2,000,000 General Aggregate
☐ \$2,000,000 Each Occurrence / \$4,000,000 General Aggregate

Name, Address and Relationship of all Additional Insureds to be Added to the Policy:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Will there be any Exhibitions, Demonstrations, Parades or Pageants?☐ Yes ☐ No**If yes, Please Describe****Are Seats of Temporary or Permanent Construction?****Is Seating Reserved or General Admission?****Describe Type of Seating Provided (Bleachers, Folding Chairs, etc.)****If the Event is Outdoors, Does the Event End 90 Minutes Prior to Sundown?**☐ Yes ☐ No**If No, Is there Permanent Lighting over all Spectator Areas and Parking Lots?**☐ Yes ☐ No**Is any Temporary Lighting Involved?**☐ Yes ☐ No**If Yes, Who is Responsible for the Hook Up of Lighting?****If Other than the Applicant, is a Certificate of Insurance Provided?**☐ Yes ☐ No**If Other than the Applicant, is Applicant Named as an Additional Insured?**☐ Yes ☐ No**If a stage is Involved, is the stage of Temporary or Permanent Construction?****If temporary, Who is Responsible for Set up of Stage?****If Other than the Applicant, is a Certificate of Insurance Provided?**☐ Yes ☐ No**If Other than the Applicant, is Applicant Named as an Additional Insured?**☐ Yes ☐ No**Is a Tent Involved?**☐ Yes ☐ No**If Yes, Who is Responsible for the Set Up of the Tent?****If Other than the Applicant, is a Certificate of Insurance Provided?**☐ Yes ☐ No**If Other than the Applicant, is Applicant Named as Additional Insured?**☐ Yes ☐ No**What is the Number of Vendors or Trade Booths?****What goods are to be Displayed?****Are all Goods Finished Products or Demonstrations?****Are there any Cooking Demonstrations?**☐ Yes ☐ No**Are Vendors or Trade Booths Required to Provide a Certificate of Insurance?**☐ Yes ☐ No**Will inflatables be Present at the Event?****Who is Providing the Food and/or Drink?****If Other than the Applicant, is a Certificate of Insurance Provided?**☐ Yes ☐ No**If Other than the Applicant, is Applicant Named as Additional Insured?**☐ Yes ☐ No

Is Liquor to be sold at this event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, is there a Liquor Liability Policy In-Force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Applicant Named as an Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Complete the following Questions if you would like a Quotation for Liquor Liability Coverage.

Estimated Number Of Attendees Consuming Alcohol Daily? _____

Is Applicant the Sole Vendor of Alcohol at the Event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If No, Please List Number of Vendors Serving Alcohol	_____	
b. Are all Participating Alcohol Vendors Required to Carry Minimum Liquor Liability Limits for this Event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will Alcohol be Dispensed by a Professional Bartender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If No, Describe How and By whom Alcohol will be Dispensed	_____	
b. Describe Training &/or Experience of Persons Serving Alcohol	_____	

What measures are in Place to Prevent Service of Alcohol to Minors and/or Intoxicated Person? _____

Is a Liquor License Required for this Event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Does Applicant have a Valid Liquor License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Number of Bars or Areas at which Alcohol will be dispensed at this Event _____

a. Is Alcohol Consumption Confined to this (these) Areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If No, Please describe	_____	
c. Will there be an Open Bar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Will Alcohol be sold by the Drink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Cost per Drink	_____	
f. Is BYOB Permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will Food be Sold or Served with the alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If Yes, Describe Food Available	_____	

Estimated Gross Receipts per Day	Alcohol	_____	Food	_____
Total Estimated Gross Receipts from Event	Alcohol	_____	Food	_____

Has the Applicant Received any Fines or Citations in the Last 5 Years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If Yes, Please Describe	_____	

Has the Applicant had a Liquor Loss in the Last 5 Years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If Yes, Please Describe	_____	

Are there Cooking Facilities on the Premises?

☐ Yes☐ No

If Yes, What type of Fire Protection is Present? _____

Is the Applicant Providing any Overnight Accommodations such as Camping?

☐ Yes☐ No

If Yes, Please Describe _____

Who is Responsible for Providing Security? _____

If Other than the Applicant, is a Certificate of Insurance Provided?

☐ Yes☐ No

If Other than the Applicant, is Applicant Named As Additional Insured?

☐ Yes☐ No

Is the Security Provided Armed or Unarmed? _____

If the Event is being held on a Street or Other Public Place of Vehicular Access, what Protection is being Used between the Street and the Sidewalk? _____

Does the Event involve a Parade?

☐ Yes☐ No

If Yes, How many Units will there be? _____ (each float, band or car is a unit)

Will Anything be Thrown from the Units?

☐ Yes☐ No

If Yes, What will be Thrown from the Units? _____

What is the Length of the Parade in Blocks? _____

Length of Time _____

What is the Estimated Number of Spectators? _____

Are Fireworks or Pyrotechnics to be Used?

☐ Yes☐ No

If Yes, Please Describe _____

Is the Applicant Signing any Hold Harmless Agreements?

☐ Yes☐ No

If Yes, with Whom and What Responsibilities? _____

Is the Applicant being Held Harmless by Others?

☐ Yes☐ No

If Yes, by Whom and What Responsibilities? _____

Has this Event been held in the past by the Applicant?

☐ Yes☐ No

If Yes, for how many Years? _____

Please Describe any Losses over 5,000.00 _____

Has your Prior Insurance Ever Been Cancelled?

☐ Yes☐ No

Has your Prior Insurance Ever Refused to Renew?

☐ Yes☐ No

Do you have a Risk Management Plan?

☐ Yes☐ No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSES OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT, or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN ANY FACT MATERIAL THERETO COMMITS A FRADULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRADULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature

Date

Producer's Signature

Producer's Name

Date

Producer's Telephone Number

State Producer License No

National Producer Number