

SPECIAL EVENTS SUPPLEMENTAL APPLICATION



(All Questions Must be Answered and the Application Must Be Signed by the Applicant)

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products – Completed Ops) \$ \_\_\_\_\_

Products – Completed Operations Aggregate Limit \$ \_\_\_\_\_

Personal & Advertising Injury Limit \$ \_\_\_\_\_

Each Occurrence Limit \$ \_\_\_\_\_

Fire Damage Limit (any one fire) \$ \_\_\_\_\_

Medical Expense Limit (any one person) \$ \_\_\_\_\_

Deductible \$ \_\_\_\_\_

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Corporation  Individual  Joint Venture  Partnership  Other (Describe) \_\_\_\_\_

1. Location of the event: \_\_\_\_\_

2. Date(s) of the event: \_\_\_\_\_ Requested Term: \_\_\_\_\_ to \_\_\_\_\_

3. Description of the event (attach a copy of the brochure and/or flyer to this application): \_\_\_\_\_

4. Describe in detail all measures for the protection of the public and damage to property: \_\_\_\_\_

5. Applicant's experience in conduction events of this or similar nature (number, dates, etc.) \_\_\_\_\_

6. Indicate approximate age bracket of public attending the event: \_\_\_\_\_

7. Estimated attendance: \_\_\_\_\_ per day \_\_\_\_\_ total all days  
Gross Receipts: \$ \_\_\_\_\_ Number of participants (if applicable): \_\_\_\_\_

8. The facility is:  Owned  Leased

9. Is parking available?  Yes  No  
If 'Yes', is it operated by:  Applicant  Others Parking area square feet: \_\_\_\_\_

10. Will the event be held:  Indoors  Outdoors  
If indoor, indicate seating: Reserved \_\_\_\_\_% General admission \_\_\_\_\_%

11. The number and types of crowd control devices:  \_\_\_\_\_ Guard Dogs  \_\_\_\_\_ Private Security  
 \_\_\_\_\_ Off Duty Police  \_\_\_\_\_ Ushers  
 \_\_\_\_\_ Police Officers  \_\_\_\_\_ Other

12. Will bleachers or platforms be involved?  Yes  No

If 'Yes', are they:  Permanent  Portable Constructed of:  Wood  Steel  Concrete

Height: \_\_\_\_\_ feet Age: \_\_\_\_\_ years Back and side railing provided?  Yes  No

Condition: \_\_\_\_\_

**13. Event Hazards: Interest of Applicant Description**

Hazard Sponsor Operator

Alcoholic Beverage Sales

Amusement Rides or Devices

Fireworks

*(Pyrotechnicians Certificate Required)*

Food Sales

**14. Hold Harmless Agreements:**

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

b. Is the applicant held harmless by others?  Yes  No

If answer to either a. or b. above is 'Yes', please attach copy of contracts.

**15. List Additional Insureds/Certificate Holders below, indication relationship. (If additional space is needed, attach a separate sheet).**

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**16. Enter complete prior carrier information for the preceding three years:**

	Year:	Year:	Year:
<b>Carrier Name</b>			
<b>Policy Number</b>			
<b>Limits</b>			
<b>Premium</b>			

**17. Enter all claims or occurrences that may give rise to claims for the prior three years.**

Check here if none.  Attached is a current dated loss summary.

Occurrence Date	Line	Claim Details	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed

**18. During the past three years, has any company ever canceled, declined or refused to issue any similar insurance to the applicant?**  Yes  No

If 'Yes', please explain:

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This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

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Applicant's Signature

Date

Witness