

SPECIAL EVENT APPLICATION

Contact Information

Name of Company / Organization: _____

Entity Type: _____

Street Address: _____

City: _____

State & Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Qualification Questions

Any: Stunts, Pyrotechnics, Aircraft, Hazardous Activities, Car Races, Precision Driving, Mechanical Devices, Film Production, Rap/Hip-Hop, Rock/Metal, Rides, Water Activities Yes No

The event will take place in the United States Yes No

Any armed private security guards? Yes No

Any Prior Event With Any Losses of Any Kind? Yes No

Event Details

Type of Event _____

Event Name _____

Budget (Cost of Event) _____

Brief Description of Event _____

Venue Name, Address, City, State, Zip

Location Information Indoors Outdoors

List Celebrities (if any) at Event

Performers' Names	Type of Music

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Describe security protection: _____

Who contracts security: Facility Applicant

Hold Harmless: Yes No If "yes" provide a copy of the Agreement.

Number of grandstands, if any: _____ Permanent Temporary

If temporary, list name of firm doing installation: _____

Seating capacity: _____ Construction of grandstands: _____

What concessions will be sold? _____

Emergency evacuation plan in place: Yes No

Qualified medical personnel in attendance: Yes No

Ambulance service in attendance: Yes No

Will alcoholic beverages be served? Yes No

Will alcoholic beverages be sold? Yes No

If "Yes" estimated receipts: \$ _____

Will concessionaires provide you with certificates evidencing products liability with your name or organization as Additional Insured? Yes No

Will any other underlying coverage be provided? Yes No

If "yes", please explain: _____

Past experience: _____

Previous losses: _____

Attach a diagram of location. If event is held outdoors, indicate fencing, adjacent building, and landscape features.

Does the insured require certificates? If yes, list them below including addresses. Additional Insured?

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

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Coverage Options

Attendance

Average Daily Spectators _____

Average Daily Participants _____

General Liability

Blanket Additional Insureds & Certificates, including City Certs

Automatically Included

Aggregate / Occurrence Limit

- \$1,000,000 / \$1,000,000
 \$2,000,000 / \$2,000,000
 \$3,000,000 / \$3,000,000
 \$4,000,000 / \$4,000,000
 \$5,000,000 / \$5,000,000

Waiver of Subrogation

Include Exclude

Additional Coverage

Rented Equipment Limit (\$100,000 maximum)

\$ _____

Third Party Property Damage

- None 25,000
 50,000 100,000

Liquor Liability (\$1,000,000 limit)

Include Exclude

Event Cancellation

Include Exclude

Participants Medical

Include Exclude

Spectators Medical

Include Exclude

Hired & Non-Owned Auto Liability (\$1,000,000 limit)

Include Exclude

Vendor's Coverage

(Only if you want your coverage to extend to the vendors)

Number of Exhibitors (no sales) _____

Concessionaires (non-food sales) _____

Concessionaires (food sales) _____

Performers & Attractions _____

Coverage Dates of the Event

From:

To:

Authorized Signature: _____

Date: _____