

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
	Sponsor	Operator	
<u>Hazard</u>			
Alcoholic Beverage Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amusement Rides or Devices	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fireworks <i>(Pyrotechnicians Certificate Required)</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____

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). _____

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

	Year:	Year:	Year:
Carrier Name			
Policy Number			
Limits			
Premium			

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

