



SPECIAL EVENTS APPLICATION

GENERAL INFORMATION

- 1. First Named Insured
2. Mailing Address Street City County State ZIP Code
3. Effective Date Desired Term Desired

COVERAGES LIMITS

Table with 2 columns: Coverages and Limits. Includes items like Products-Completed Operations, Premises Operations, Medical Payments, etc.

PRIOR INSURANCE AND LOSS HISTORY

Table with 6 columns: Year, Carrier/Policy Number/Premium, Coverage, Losses, Amount, Description of Losses

Missouri Applicants: DO NOT answer this question.

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?
No Yes - If so, give name of company, date, and reason.

UNDERWRITING INFORMATION

- 1. Additional Insured(s) required?
2. Location of Primary Event Street City County State ZIP Code
3. Provide a complete description of all events including locations and dates
4. If applicable, hours of event: From To
5. Will first aid services be available?
6. Will alcohol be served?
7. Are there mechanical rides, moonwalks, trampolines, dunk tanks or water slides?

8. Describe security and crowd control measures. _____

9. Are any water hazards present? Yes No
 If yes, explain. _____
10. Will fireworks be displayed? Yes No
 If yes, would you like coverage as a sponsor of the fireworks? Yes No
 If yes, who will be igniting the fireworks? Fire Department Licensed Pyrotechnist
 Other (*Explain in detail*) _____
 Igniter is an: Employee Independent contractor
 What are the policy limits on the igniter's policy? _____
 (*Attach certificate of insurance for the part responsible for igniting the fireworks.*)
11. Number of grandstands or bleachers (*If any*) Permanent Temporary
12. Seating capacity Are all seats assigned? Yes No N/A
13. Estimated attendance per day Ticket price Est. gross receipts _____
14. is contractual liability required? Yes No
 If Yes, describe all contracts and/or hold harmless agreements, whether written or oral (including dates, contracting parties, and cost).
15. is set up and take down coverage desired? Yes No If Yes, on what date(s)?
16. How many times has this event been held in the past?
17. Do you use independent contractors? Yes No
 If Yes, describe how. _____
18. Are certificates of insurance secured from exhibitors and vendors? Yes No
19. Describe any products sold by or for the Named Insured.

CONCERTS ONLY

1. Location of concert(s) Date(s) _____ Date(s) _____
2. Estimated attendance for the concert(s) only _____
3. Seating is: Assigned Unassigned Capacity of facility used for concert: _____
4. Type of music being performed: Country Pop (Top 40) Rap Hard Rock Punk
 Classical East Listening Other _____
5. List all performances or groups. _____

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
 Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant	Title	Date
Signature of Producing Agent		Date
Agent Name and Address		