SPECIAL EVENT APPLICATION

COMPLETE SECTION(S) ON PAGE TWO (2) APPLICABLE TO THE TYPE OF EVENT BEING HELD.

Applicant's Name:	Agent:			
Applicant Mailing Address:	Inspection Contact: Phone Number for Inspection contact:			
	Web Address			
	to:			
	☐ Joint Venture ☐ Other			
Location of Event				
Dates of Event				
Description of Event (Attach copy of flyer or brochure)				
UNDERWRITING INFORMATION				
Estimated attendance per day Gross Receipts \$				
Food or beverages sold or served by applicant? If yes, provide details.				
Alcoholic beverages on premises?	iability coverage in place? Yes No			
If portable, who does the erection?				
Setup – Describe all exposures (i.e., booths, stages, electrical, special e	effects, etc.)			
Who is responsible for the setup?				
Security – Describe (i.e., guards - unarmed vs. armed, dogs, off-duty po				
If guards are used, do they have their own insurance?	Yes No			
 Parking facilities Operated by:	they have their own insurance? $\hfill \square$ Yes $\hfill \square$ No			
Medical emergencies – How will an emergency be handled? (described)				
• Are cortificates of incurance required from all subcontracted operation	one?			

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ANIMAL EXPOSURE			
Are there animal rides?	Yes No	If yes, are animals hand lead?	. 🗌 Yes 🗌 No
Describe area where rides	are given (arena, rop	ped off area, etc.)	
Is safety apparatus used?	□ Yes □ No	If yes, describe.	
is salety apparatus useu:		ii yes, describe.	
Is there a petting zoo?	☐ Yes ☐ No	If yes, describe.	
How is it set up (fenced are	ea, etc.)?		
AMUSEMENT DEVICES – Kiddie	Туре		
Provide a complete list of equ	uipment		
Is applicant properly licensed	I to operate equipme	nt?	
		schedule?	
Are the rides supervised at al	II times?		. 🗌 Yes 🗌 No
AMUSEMENT DEVICES - Other t	han Kiddie Type		
Operator must have insurand this application.	ce and provide a ce	rtificate of insurance with limits and coverage at least equal to the	ose requested on
DEMOLITION DERBY, MUD BOGS	S AND TRACTOR PUL	LS	
		eparate sheet) including type of protection used to protect the spec	
debris, placement of barriers	to keep vehicles a sa	afe distance from spectators, etc	
DOG RACES, HORSE RACES, RO	DEOS AND HORSE S	SHOWS	
Provide description of facility	(attach diagram on sep	parate sheet)	
Are spectators allowed in any	y area where animals	s are kept when not performing?	. Yes No
		e?	
Is seating at least ten (10) fee	et from the arena? .		. 🗌 Yes 🗌 No
FAIRS AND CARNIVALS			
Provide complete description	of event (attach diag	gram on separate sheet indicating location of each exhibit, booth, ride, event	i, etc.)
FIREWORKS EXHIBITION – SPO			
those requested on this appli		nce and provide certificates of insurance with limits and coverage	at least equal to
		exhibition?	. ☐ Yes ☐ No
•	•	150) feet from where fireworks are being set off. Describe crowd	
MUSICAL CONCERTS			
Name of performer(s) and type	pe of music		
Do they have their own insura	ance?		. 🗌 Yes 🗌 No
Describe seating, i.e., bleach	iers, grass, folding cl	hairs, etc.	
Is seating assigned?			
Type of venue. indoor	outdoor If ou	tdoors, if facility designed to accommodate this type of event?	. 🗌 Yes 🗌 No
PARADES - SPECTATOR LIABIL	ITY ONLY		
Provide complete description	of parade including	crowd control (attach diagram of route and spectator areas on separate	
Provide number and type of t	floats		
		☐ No If yes, describe	
		ance?	

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LIMITS – GENERAL LIABILI				
LIMITS OF LIABILITY REQUE		NDEO ATE		
PRODUCTS & COMPLETED (GENERAL AGG			
			NCLUDED	
PERSONA	AL & ADVERTISING I			
	EACH OCCURI			
	FIRE DA			
	MEDICAL PAY	MENIS:		
CERTIFICATE RECIPIENTS	/ ADDITIONAL IN	TERESTS:		
NAME AND ADDRESS:			Interes	l .
				ins'd.
PRIOR EXPERIENCE AND LO	SSES	DOLLOV		
PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION	
-				
Has the applicant been cancelle	d or non-renewed in	the last three vears? If y	ves. Explain.	
Tab the applicant soon carroons		, and later and by grants in j	, • • , = · F · • · · · ·	
				-
	_			
policy shall be issued and a payme thereof. The said applicant hereby	nt shall be made, and covenants and agrees	then only as of the commen that the foregoing statemen	its duly appointed representatives had been added in a cement date of said policy and in acts and answers are a full and true state basis and conditions of the insurations.	cordance with all terms atement of all the facts and
Witness		Date	Applicant's Signature	

IMPORTANT NOTICE

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

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