

Special Event Application

1. Applicant: _____

Experience (describe in detail)* _____

2. Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

3. Event: _____ Description: _____

List entertainers who will perform* _____

Location: _____ City: _____ State: _____ Zip: _____

4. Dates of Coverage (incl. setup/tear down): _____ Opening/Closing hours: _____

5. Estimated attendance: _____ Ticket Price: _____ Gross Receipts (all sources): _____

7. Will liquor/beer/wine be sold or fireworks displayed? Yes No

(If yes, the applicant should be named as an "Additional Insured" on the liability policy of the purveyor)

8. Estimated amount of other concession sales (food, souvenirs, crafts, etc.): _____

9. If event is outdoors, describe methods used to prohibit entry by non-ticket holders: * _____

10. Describe security arrangements in detail: * _____

11. Describe medical facilities available for event: * _____

12. Limits requested: \$500,000 _____ \$1,000,000 _____ Other * _____

13. Previous Insurance Carrier: _____

14. Prior Loss Information (List all losses for the last three years): * _____

15. Has any Insurance Carrier cancelled or refused coverage? Yes No If Yes, explain: * _____

16. Attach a diagram of facility (indicate event areas, spectator areas, fences, stage (s), parking, adjacent buildings, & other features).*

***ALL QUESTIONS MUST BE ANSWERED**

IF ADDITIONAL INFORMATION IS NEEDED FOR MORE ACCURATE DESCRIPTION OF THE RISK, PLEASE PROVIDE A SEPARATE SHEET.

Producer's Name: _____

Applicant's Signature: _____ **Date:** _____

CAUTION: POLICY CONTAINS CERTAIN COVERAGE RESTRICTIONS AND LIMITATIONS.