

Special Events Application

Contact Information

Name of Company / Organization: _____

Entity Type: _____

Street Address: _____

City: _____

State & Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Qualification Questions

Any: Stunts, Pyrotechnics, Aircrafts, 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 _____

For Concerts Only

Type of Music _____

Music Decade _____

Artist Name _____

Special Events Application

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	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

Additional Coverages

Rented Equipment Limit (\$100,000 maximum)	\$ _____
Third Party Property Damage	<input type="checkbox"/> None <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000
Liquor Liability (\$1,000,000 limit)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Event Cancellation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Participants Medical	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Spectators Medical	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Hired & Non-Owned Auto Liability (\$1,000,000 limit)	<input type="checkbox"/> Include <input type="checkbox"/> 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

Signature: _____	Date: _____
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