

Special Event Supplemental

Complete section(s) applicable to the type of event being held. Application must be signed and dated by the applicant.

Applicant's Name _____

Applicant Mailing Address _____

Proposed Policy Period _____

Applicant is: Individual Partnership Corporation LLC Other

Event Location #1 _____

Event Location #2 _____

Event Location #3 _____

(attach additional sheet if necessary)

For any of the events where coverage is requested, is the proposed insured: The Event Organizer The Main Sponsor
 If not, please advise who is event organizer/main sponsor and describe their relationship to the insured: _____

UNDERWRITING INFORMATION

1. Event Dates _____

Description of Event (**Attach** copy of flyer or brochure) _____

2. Estimated attendance per day _____

Total for all days event is held _____

Gross Sales \$ _____

3. Food or beverages sold or served by applicant? Yes No

If yes, provide details: _____

Food Sales \$ _____

Food or beverages on premises? Yes No

4. Alcoholic beverages on premises? Yes No

If yes, are they served by Applicant or Other?

Is liquor liability coverage in place? Yes No

Liquor Sales \$ _____

5. Seating arrangements – Describe (i.e., permanent, portable, bleachers, chairs, etc.) _____

If portable, who does the erection? _____

6. Setup – Describe all exposures (i.e., booths, stages, electrical, special effects, etc.) _____

Who is responsible for the setup? _____

7. Security – Describe (i.e., guards - unarmed vs. armed, dogs, off-duty police, etc.) _____

If guards are used, do they have their own insurance? Yes No

8. Parking facilities Yes No

Operated by: Applicant or Other. If others, do they have their own insurance? Yes No

Is parking area Paved Dirt Other (describe) _____

9. Medical emergencies – describe how an emergency will be handled: _____

If Special Event EMS/EMT Service will be hired, do they have their own GL and Professional Coverage? Yes No

10. Are certificates of insurance required from all subcontracted operations? Yes No

11. Does the applicant use any mobile equipment? Yes No

If yes, describe and give details of how it is used. _____

ANIMAL EXPOSURE N/A

1. Are there animal rides? Yes No If yes, are animals hand lead? Yes No

List the types of animals _____

Describe area where rides are given (arena, roped off area, etc.)

Is safety apparatus used? Yes No

2. Is there a petting zoo? Yes No If yes, describe. _____

List the types of animals _____

How is it set up (fenced area, etc.)? _____

Is the area supervised? Yes No

AMUSEMENT DEVICES – KIDDIE TYPE N/A

1. Provide a complete list of equipment.

2. Is applicant properly licensed to operate equipment? Yes No

3. Are the rides supervised at all times? Yes No

4. Does the vendor or subcontractor operate Kiddie rides? Yes No

AMUSEMENT DEVICES – OTHER THAN KIDDIE TYPE N/A

Operator must have insurance and provide a certificate of insurance with limits and coverage at least equal to those requested on this application.

DEMOLITION DERBY, MUD BOGS AND TRACTOR PULLS N/A

Provide description of facility

(**Attach** diagram on separate sheet) including type of protection used to protect the spectators from flying debris, placement of barriers to keep vehicles a safe distance from spectators, etc.

DOG RACES, HORSE RACES, RODEOS AND HORSE SHOWS N/A

1. Provide description of facility (**Attach** diagram on separate sheet)

2. Are spectators allowed in any area where animals are kept when not performing? Yes No

3. Do livestock contractors have their own insurance? Yes No

4. Is seating at least ten (10) feet from the arena? Yes No

FAIRS AND CARNIVALS N/A

Provide complete description of event (**Attach** diagram on separate sheet indicating location of each exhibit, booth, ride, event, etc.)

FIREWORKS EXHIBITION – SPONSOR’S RISK ONLY N/A

1. Pyrotechnicians must be licensed, have insurance and provide certificates of insurance with limits and coverage at least equal to those requested on this application. Yes No

2. Are volunteers used to perform any duties at the exhibition? Yes No

3. Spectators must be at least one hundred fifty (150) feet from where fireworks are being set off. Describe crowd controls used to maintain this distance. _____

4. Describe the duties performed by volunteers. _____

MUSICAL CONCERTS N/A

1. Name of performer(s) and type of music _____

2. Do they have their own insurance? Yes No

3. Describe seating, i.e., bleachers, grass, folding chairs, etc. _____

4. Is seating assigned? Yes No

5. Type of venue: indoor outdoor

If outdoors, if facility designed to accommodate this type of event? Yes No

PARADES – SPECTATOR LIABILITY ONLY N/A

1. Provide complete description of parade including crowd control (**Attach** diagram of route and spectator areas on separate sheet.)

2. Provide number and type of floats.

3. Are there any animals in the parade? Yes No If yes, describe. _____

4. Are participants required to have their own insurance? Yes No

LIMITS – GENERAL LIABILITY (PER OCCURRENCE) Please complete if limits differ from the GL limits requested

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
 PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
 EACH OCCURRENCE \$ _____
 DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
 MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS Please use a separate sheet, if necessary

NAME AND ADDRESS _____
 RELATIONSHIP TO APPLICANT _____
 ADDITIONAL INSURED CERTIFICATE _____

PRIOR CARRIER HISTORY & LOSS INFORMATION FOR SPECIAL EVENTS COVERAGE

PRIOR CARRIERS (LAST THREE YEARS) _____
 YEAR CARRIER POLICY NUMBER LIMITS PREMIUM _____
 LOSS HISTORY (LAST FIVE YEARS) _____
 DATE OF LOSS TYPE OF LOSS DESCRIPTION OF LOSS AMOUNT PAID RESERVE _____

Has the applicant been cancelled or non-renewed in the last three years? Yes No
 If yes, Explain. _____

FRAUD WARNINGS

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

OHIO

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

OTHER STATES AND TERRITORIES other than Hawaii

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [New York: substantial] civil penalties. (In D.C., Louisiana, Maine, Tennessee, Virginia, and Washington, insurance benefits may also be denied.)

I hereby certify that all information is accurate to the best of my knowledge.		I hereby certify that all information is accurate to the best of my knowledge.	
Applicant Signature	Date	Producer	Date