

## SPECIAL EVENT APPLICATION

**Applicant Name:** \_\_\_\_\_

**Applicant Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Legal Entity:** ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Joint Venture  
☐ Corporation ☐ Joint Venture ☐ Other: \_\_\_\_\_  
\_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Location Address of Event:** \_\_\_\_\_  
\_\_\_\_\_

**Effective date:** \_\_\_\_\_ to \_\_\_\_\_ ☐ Short Term ☐ Annual

**Limits:** \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ General Aggregate

**Additional Coverage desired:**

Host Liquor Liability: ☐ Yes ☐ No Limits: \$ \_\_\_\_\_

Assault & Battery: ☐ Yes ☐ No Limits: \$ \_\_\_\_\_

Participants Liability ☐ Yes ☐ No Low exposure events only.

**Applicants experience in this operation:** \_\_\_\_\_  
\_\_\_\_\_

**Number of event days:** \_\_\_\_\_

**Estimated attendance per day:** \_\_\_\_\_

**Event to be held:** ☐ Indoors ☐ Outdoors

**Is Applicant:** ☐ Sponsor ☐ Operator

If Sponsor:

Are certificates of insurance obtained from vendors? ☐ Yes ☐ No

Carrier Name: \_\_\_\_\_

Limits of Insurance: \_\_\_\_\_ Occurrence \_\_\_\_\_

Hold Harmless: ☐ Yes ☐ No

Does applicant agree to hold harmless any third party? ☐ Yes ☐ No

Is applicant held harmless by others? ☐ Yes ☐ No

If answer to above is yes, attach copies of contract: ☐ Attached

**Event Type (Please choose) see company guidelines for acceptability:**

- |  |   |
|--|---|
| <input type="checkbox"/> Air shows   | <input type="checkbox"/> Motorcycle events or rallies of any kind                                 |
| <input type="checkbox"/> Amusement devices / rides                                     | <input type="checkbox"/> Mud Events – All   |
| <input type="checkbox"/> Interest of Sponsor   | <input type="checkbox"/> Parachute Jumping / Skydiving  |
| <input type="checkbox"/> Interest of Applicant Operator                                | <input type="checkbox"/> Petting Zoos   |
| <input type="checkbox"/> Amusement parks   | <input type="checkbox"/> Political Conventions or Rallies   |
| <input type="checkbox"/> Animal rides  | <input type="checkbox"/> Portable Bleachers   |
| <input type="checkbox"/> Athletic participants- contact sports                         | <input type="checkbox"/> Prize Indemnification  |
| <input type="checkbox"/> Balloon rides   | <input type="checkbox"/> Professional wrestling, boxing or similar events involving professionals |
| <br>   | <input type="checkbox"/> Racing any type of motorized vehicles                                    |
| <input type="checkbox"/> Black Powder Rifles   | <input type="checkbox"/> Raves, After Hours Club Events, or similar type                          |
| <input type="checkbox"/> Boat shows (with in-water exposure)                           | <input type="checkbox"/> Renaissance Festival   |
| <input type="checkbox"/> Bungee jumping  | <input type="checkbox"/> Snow Mobiles   |
| <input type="checkbox"/> BYOB Events   | <input type="checkbox"/> Survivalist Games  |
| <input type="checkbox"/> Carnivals   | <input type="checkbox"/> Tough Man Contests   |
| <input type="checkbox"/> Demolition Derbies  | <input type="checkbox"/> Trampoline Games   |
| <input type="checkbox"/> Demonstrations – Marchers                                     | <input type="checkbox"/> Ultimate Fighting Events   |
| <input type="checkbox"/> Fireworks (All)   | <input type="checkbox"/> War Games  |
| <input type="checkbox"/> Sponsor <input type="checkbox"/> Operator                     | <input type="checkbox"/> Water Slides   |
| <input type="checkbox"/> Foam Parties  | <input type="checkbox"/> Wrestling Camps  |
| <input type="checkbox"/> Fraternity/Sorority Events                                    | <input type="checkbox"/> Zoos   |
| <input type="checkbox"/> Grad Nights   | <input type="checkbox"/> Other Event not listed above   |
| <input type="checkbox"/> Gun and Knife Shows   | ( Please describe in detail): _____   |
| <input type="checkbox"/> Hard Rock, Heavy Metal, Punk, Reggae, Rap or Hip-Hop Concerts | _____   |
| <input type="checkbox"/> Haunted Houses (click all that apply)                         | _____   |
| <input type="checkbox"/> Slides <input type="checkbox"/> Moving Floors                 | _____   |
| <input type="checkbox"/> No Mechanical Devices / Rides                                 | _____   |
| <input type="checkbox"/> With Mechanical Devices / Rides                               | _____   |
| <input type="checkbox"/> Hayrides:   |   |
| <input type="checkbox"/> Private Roads   |   |
| <input type="checkbox"/> Public Roads  |   |
| <input type="checkbox"/> Hazardous Demonstrations                                      |   |
| <input type="checkbox"/> Hired &/or Non-Owned Auto                                     |   |
| <input type="checkbox"/> Inflatables   |   |

**Loss experience:**Loss Experience if event held in prior year: ☐ Yes ☐ No

Number of years event held: \_\_\_\_\_

|              |                 |                                  |
|--------------|-----------------|----------------------------------|
| _____        | _____           | _____                            |
| Date of Loss | Details of Loss | Amount Paid<br>(Open and Closed) |
| _____        | _____           | _____                            |
| Date of Loss | Details of Loss | Amount Paid<br>(Open and Closed) |
| _____        | _____           | _____                            |
| Date of Loss | Details of Loss | Amount Paid<br>(Open and Closed) |

**Underwriting**Does the applicant have experience organizing and executing this type of event? ☐ Yes ☐ NoIs there a plan in place to address emergency situations? ☐ Yes ☐ NoVenue appropriate for the event? ☐ Yes ☐ NoIs the event set-up inspected for hazards prior to opening to the general public? ☐ Yes ☐ NoIf alcohol is being served, verify that Liquor Liability is in place. ☐ Yes ☐ NoAre vendors/exhibitors required to show evidence of liability insurance in place? ☐ Yes ☐ NoAre participants required to sign liability waivers. Are waivers kept on file? ☐ Yes ☐ NoAre parking facilities adequate for the event? ☐ Yes ☐ NoProvide advertising flyers for the event. ☐ AttachedDoes applicant require products coverage for other than food? ☐ Yes ☐ No

Explanation of all "no" answers above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Interest\*: ☐ Yes ☐ No Number: \_\_\_\_\_ ☐ See Attached

|       |         |          |
|-------|---------|----------|
| _____ | _____   | _____    |
| Name  | Address | Interest |
| _____ | _____   | _____    |
| Name  | Address | Interest |
| _____ | _____   | _____    |
| Name  | Address | Interest |
| _____ | _____   | _____    |
| Name  | Address | Interest |

**Crowd Control** (Click all that apply):

- ☐ Barricades
- ☐ Guard dogs – Number of handlers \_\_\_\_\_ Are handlers certified: ☐ Yes ☐ No
- ☐ City Police – Number of officers: \_\_\_\_\_
- ☐ Off-Duty Police: Number of Armed: \_\_\_\_\_ Number of Unarmed: \_\_\_\_\_
- ☐ Private Security: Number of Armed: \_\_\_\_\_ Number of Unarmed: \_\_\_\_\_
- ☐ Ushers – Number of Ushers: \_\_\_\_\_
- ☐ Other (please describe in detail): \_\_\_\_\_

If an outside service is used, verify that the service has liability coverage in place ☐ Yes ☐ No

If yes, is applicant listed as an Additional Insured? ☐ Yes ☐ No

Is applicant providing security/crowd control? ☐ Yes ☐ No

If yes, does applicant train the staff providing this service? ☐ Yes ☐ No

Explanation of "no" responses above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE