

## Special Event Liability Application

### Type of Event

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Beer Garden/Beer Tent         | <input type="checkbox"/> Fund Raiser             | <input type="checkbox"/> Individual Vendor/Booth   |
| <input type="checkbox"/> Car Show                      | <input type="checkbox"/> Motor Vehicle Race/Show | <input type="checkbox"/> Picnic                    |
| <input type="checkbox"/> Concerts/Musical Performance  | <input type="checkbox"/> Competition or Show     | <input type="checkbox"/> Sporting Event/Tournament |
| <input type="checkbox"/> Convention/Trade Show/Exhibit | <input type="checkbox"/> Parade                  | <input type="checkbox"/> Wedding/Wedding Reception |
| <input type="checkbox"/> Festival                      | <input type="checkbox"/> Party/Social Event      |  |
| <input type="checkbox"/> Other (describe) _____        |  |  |

### General Information

1. a. Name of Applicant: \_\_\_\_\_  
b. Mailing Address: \_\_\_\_\_  
c. Applicant is:  Individual       Corporation       Partnership       Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_  
d. Describe applicant's role and responsibility in event: \_\_\_\_\_  
e. Is there a website for this event  Yes\*       No  
If yes, please provide website address: \_\_\_\_\_
2. a. Name of additional Insured: \_\_\_\_\_  
b. Mailing address: \_\_\_\_\_  
c. Additional insured's interest in event: \_\_\_\_\_
3. a. Location of event (complete street number/name, city, state, zip): \_\_\_\_\_  
b. Will the event take place on the applicant's premises?  Yes       No  
c. Location is:  

<input type="checkbox"/> Private Residence	<input type="checkbox"/> Liquor-Licensed Establishment	<input type="checkbox"/> Indoors
<input type="checkbox"/> Convention Center	<input type="checkbox"/> Stadium	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Arena	<input type="checkbox"/> Fair Grounds	<input type="checkbox"/>
<input type="checkbox"/> Other (describe): _____		

  
d. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a Tribal Court?  Yes       No
4. a. Dates of event: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If one day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12:00 AM)  
b. Desired coverage date(s): From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
c. If the event date(s) differs from desired coverage date(s), explain: \_\_\_\_\_  
d. Is set-up and take down coverage need for additional dates?  Yes\*       No  
\*If yes, what are the dates and what will this exposure include? \_\_\_\_\_  
\*Will there be any heavy machinery used?  Yes       No  
e. Would you like to include a rain date?  Yes\*       No      \*If yes, what date? \_\_\_\_\_
5. Hours of event: From: \_\_\_\_\_AM/PM To: \_\_\_\_\_ AM/PM If hours vary by date, describe: \_\_\_\_\_
6. FULL SCHEDULE/DESCRIPTION AND PURPOSE OF EVENT (Attach copy of brochure, website pages and flyer to this application or include details on all activities taking place:

7. Will there be any entertainment?  Yes\*  No  
 \*If yes, describe and include the name of performers and acts: \_\_\_\_\_
8. a. ESTIMATED TOTAL ATTENDEES PER DAY: \_\_\_\_\_  
 b. Average age of attendees: \_\_\_\_\_  
 c. If applicant is an individual exhibitor/vendor, what is the estimated attendees per day anticipated to visit their booth?  
 \_\_\_\_\_  
 d. What is the maximum capacity of the facility holding the event? \_\_\_\_\_
9. Coverage desired:  Commercial General Liability & Liquor  Commercial General Liability Only  Liquor Liability Only
10. Limits of Coverage desired:  300,000/600,000  500,000/1,000,000  1,000,000/2,000,000  Other   
 Is Products Coverage desired?  Yes  No

## HISTORY

11. Number of years event has been previously held: \_\_\_\_\_
12. Actual Total attendance for prior year's event: \_\_\_\_\_
13. Previous Carrier: \_\_\_\_\_ Policy number and premium: \_\_\_\_\_
14. Losses or claims during the past five years: \_\_\_\_\_  
 (Provide loss information) \_\_\_\_\_
- a. Any prior liquor liability losses?  Yes\*  No  
 \*If yes, describe: \_\_\_\_\_

## ADDITIONAL INFORMATION

15. a. Mechanical rides/devices?  Yes  No  
 b. Moon bounce, rock climbing wall, trampolines or similar rebounding devices?  Yes\*  No  
 Describe: \_\_\_\_\_  
 \*If yes, will a Certificate of Insurance be obtained for this exposure at the event?  Yes  No  
 c. Petting Zoo or animal rides  Yes\*  No  
 \*If yes, will a Certificate of Insurance be obtained for this exposure at the event?  Yes  No  
 d. Firearms or fireworks  Yes  No  
 e. Overnight camping?  Yes  No  
 f. Dunk tanks  Yes  No  
 g. Water hazards?  Yes\*  No  
 \*If yes, describe: \_\_\_\_\_  
 Will attendees be permitted to swim, boat, jet ski or fish?  Yes\*  No  
 \*If yes, describe: \_\_\_\_\_
16. Will the event use exhibitors, vendors, performers, contractors, sub-contractors or independent contractors?  Yes\*  No  
 \*If yes, explain: \_\_\_\_\_  
 \*Are they required to carry their own insurance  Yes\*  No  
 \*What limit is required? \_\_\_\_\_
17. a. Describe security measures: \_\_\_\_\_  
 b. Is security provided by:  Independent contractors  Employees of applicant  On-duty police  
 c. If security is provided by Independent contractors, are they required to carry their own insurance?  Yes  No
18. If this is a **CONCERT/MUSICAL EVENT**, complete below: (please note, coverage for injury to performers and entertainers is excluded from our policy)
- a. Name(s) of performer(s): \_\_\_\_\_
- b. Describe type of music: \_\_\_\_\_
- c. Performers are:  Local  National
- d. Will pyrotechnics be featured?  Yes  No  
 e. Any special effects?  Yes\*  No  
 \*If yes, describe: \_\_\_\_\_

19. If this is a **PARADE EVENT**, complete below: (please note, coverage for injury to parade participants is excluded from our policy)
- a. Has parade route been approved by local authorities and will route be secured by policy?  Yes  No\*
- \*If no, explain: \_\_\_\_\_
- b. Are parade participants permitted to throw souvenirs, candy or other items into the crowd?  Yes  No
- c. Describe parade route from start to finish: \_\_\_\_\_
20. If this is a **ATHLETIC EVENT**, complete below: (please note, coverage for injury to athletics participants is excluded from our policy)
- a. Describe athletic event: \_\_\_\_\_
- b.  Professional or  Amateur
- c. Is athletic participant's coverage desired?  Yes  No
21. If this is a **MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW**, complete below: (please note, coverage for injury to participants is excluded from our policy)
- a. Is the venue designed specifically for this type of activity?  Yes  No
- b. Are metal or concrete barriers in place to ensure spectator safety?  Yes  No\*
- \*If no, describe: \_\_\_\_\_
- c. Are the barriers permanent?  Yes  No
- d. How high are the barriers? \_\_\_\_\_
- e. What is the distance between the barriers and spectators? \_\_\_\_\_
- f. Will the venue provide a catch fence for the event?  Yes  No
- g. Are spectators ever permitted in the pit or infield area?  Yes  No
- h. Will event feature audience participation? (i.e. calf scrambles)  Yes  No
- i. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public?  Yes  No
22. If this is a **HEALTH FAIR/CONVENTION**, complete below
- a. Will the event feature any medical or health treatment?  Yes  No
23. If this is a **CAR SHOW/MOTOR VEHICLE SHOW**, complete below: (Please note, coverage for injury to participants is excluded from our policy.)
- a. Do vehicles remain stationary throughout the show with the engines off?  Yes  No
- b. Will the event feature burnouts, drag races or flame throwing?  Yes  No

## Liquor Liability

24. Estimated Number of Attendees Consuming Alcohol Daily: \_\_\_\_\_  
Estimated Liquor Receipts: \_\_\_\_\_ Other Receipts: (Describe) \_\_\_\_\_
25. If required, does applicant have a valid liquor license?  Yes  No
26. Are all servers trained (TIPS, TOPS or equivalent)?  Yes  No
27. Are Servers professionals or volunteers?  Professionals  Volunteers
28. Are individuals allowed to buy more than one beer at a time?  Yes  No  
If yes, what is the limit? \_\_\_\_\_
29. Who is checking ID's? \_\_\_\_\_  
Are they trained?  Yes  No
30. Is the applicant the sole vendor/server of alcohol at event?  Yes  No
- a. Are all participating alcohol vendors/servers required to carry liquor liability limits for the event?  Yes  No
- b. Are all vendors required to provide certificates of insurance to the applicant?  Yes  No
31. IS BYOB (Bring Your Own Bottle) or self-service of alcohol permitted?  Yes  No
32. Is there a separate beer garden (tent or fenced area)?  Yes  No
33. Are underage individuals allowed in the area?  Yes  No
34. Are wrist bands or hand stamps used?  Yes  No
35. Are individuals allowed to leave the beer tent (fenced area) with alcohol?  Yes  No
36. Is the beer tent "patrolled by the insured's employees?  Yes  No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. **(Not applicable to Oregon).**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_