



INSURED _____
EFFECTIVE DATE _____

PRODUCER CODE _____
STATE CODE _____

SPECIAL EVENTS APPLICATION

1. NAME OF APPLICANT		APPLICANT IS		<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER (Specify)
STREET ADDRESS		CITY	STATE	ZIP CODE		
				<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE		

2. ADDRESS OF EVENT
DESCRIBE LOCATION OF EVENT

3. DATE OF EVENT	FROM	TO	COVERAGE DATES REQUIRED (IF OTHER THAN EVENT DATES)
TIME OF EVENT	FROM	TO	

4. ESTIMATED ATTENDANCE PER DAY:	TOTAL ESTIMATED PARTICIPANTS:	GROSS RECEIPTS:	MAXIMUM CAPACITY OF LOCATION OF EVENT:
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5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING, BROCHURE, ETC., IF ANY)

6. EVENT WILL BE HELD: <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS	8. CROWD CONTROL	TYPE:	NUMBER:
	7. SEATING WILL BE: <input type="checkbox"/> RESERVED SEATING <input type="checkbox"/> GENERAL ADMISSION	<input type="checkbox"/> USHERS <input type="checkbox"/> PRIVATE SECURITY ARMED <input type="checkbox"/> UNARMED <input type="checkbox"/> <input type="checkbox"/> OFF-DUTY POLICE ARMED <input type="checkbox"/> UNARMED <input type="checkbox"/> <input type="checkbox"/> POLICE <input type="checkbox"/> GUARD DOGS <input type="checkbox"/> OTHER (DESCRIBE)	_____ _____ _____ _____ _____

9. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.)

10. ANY CELEBRITIES TO BE PRESENT? YES NO IF YES, PROVIDE NAME(S)

SPECIAL NOTE:

THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT
Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

11. WILL BLEACHERS OR PLATFORMS BE USED? YES NO A. PERMANENT PORTABLE

B. CONSTRUCTION: WOOD STEEL CONCRETE

C. HEIGHT _____ FT. D. AGE _____ YEARS

E. BACK AND SIDE RAILINGS PROVIDED YES NO F. CONDITION (DESCRIBE)

12. DOES EVENT INVOLVE: (IF NONE, CHECK <input type="checkbox"/>)	HAZARD	INTEREST OF APPLICANT	
	<input type="checkbox"/> FIREWORKS	SPONSOR	OPERATOR
	<input type="checkbox"/> AMUSEMENT RIDES OR DEVICES	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> FOOD SALES	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> ALCOHOLIC BEVERAGE SALES	<input type="checkbox"/>	<input type="checkbox"/>

A. IF APPLICANT IS SPONSOR DOES OPERATOR HAVE LIABILITY INSURANCE? YES NO
 LIMITS \$ _____ NAME OF COMPANY _____

B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR? YES NO

13. HOLD HARMLESS AGREEMENTS: A. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY? YES NO B. IS APPLICANT HELD HARMLESS BY OTHERS YES NO

IF ANSWER TO A. OR B. IS YES, ATTACH COPIES OF CONTRACTS

14. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE.

DATE	NATURE OF LOSS	AMOUNT PAID OR OUTSTANDING

15. A. LIMITS OF LIABILITY DESIRED \$ _____ B. PRODUCTS COVERAGE DESIRED? YES NO

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DATE

SIGNATURE OF APPLICANT

SIGNATURE OF PRODUCER

REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS