

# Special Event Insurance Application

## GENERAL INFORMATION

1. Named Insured (Applicant): \_\_\_\_\_
2. a. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- b. Describe Applicant's role & responsibility in event: \_\_\_\_\_  
 \_\_\_\_\_
3. Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

4.

Additional Insured Name	Address	Interest In Event

5. a. Full schedule/description and purpose of event (Attach copy of brochure and/or flyer to this application):  
 \_\_\_\_\_

b. Is this part of a larger function? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes," describe: \_\_\_\_\_

c. Is there an admission charge? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes," cost of admission per person: \_\_\_\_\_

6. a. Date of event: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_
- b. Desired coverage dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_
- c. If event date(s) differ(s) from desired coverage date(s), explain: \_\_\_\_\_  
 \_\_\_\_\_

d. Hours of Event: **From:** \_\_\_\_am/pm **To:** \_\_\_\_am/pm

If hours vary by Date, describe: \_\_\_\_\_

7. Location of event (Name and Address) \_\_\_\_\_

Location is:    \_\_\_\_ Private Residence    \_\_\_\_ Liquor-Licensed Establishment    \_\_\_\_ Indoors  
                   \_\_\_\_ Convention Center    \_\_\_\_ Stadium    \_\_\_\_ Outdoors  
                   \_\_\_\_ Arena    \_\_\_\_ Fair Grounds    \_\_\_\_ Other \_\_\_\_\_

8. Estimated Attendance: **PER DAY:** \_\_\_\_\_ **TOTAL** \_\_\_\_\_ Average age of attendees: \_\_\_\_\_

9. Maximum Capacity of Facility \_\_\_\_\_ Attendance is:    \_\_\_\_by Invitation Only    \_\_\_\_Open to the Public

10. Policy Experience:            Number of years event has been previously held: \_\_\_\_\_  
   Actual total attendance for **Prior Year's** event: \_\_\_\_\_

11. Premium / Loss Information:

Policy Year	20____	20____	20____
Total Premium			
Carrier & Policy #			
Total # of Claims			
Total \$ Paid/Reserved			

12. Has any insurance carrier cancelled or refused coverage?  Yes  No

If "Yes" please explain: \_\_\_\_\_  
\_\_\_\_\_

13. Does facility require a contract for usage?  Yes  No **If "Yes," provide copy of contract(s).**

14. Limits of Liability requested:  \$1,000,000  Other \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY SECTION**

15. Will event feature any of the following:

- a. Rides, mechanical devices, rebounding devices (ie: moonbounce, trampoline)?  Yes  No
- b. Petting Zoo, animal rides?  Yes  No
- c. Fireworks/Pyrotechnics?  Yes  No

16. a. Are Vendors, Attraction Owners and Performers required to carry their own insurance?  Yes  No  
If "Yes," what limit is required? \_\_\_\_\_

b. Will concessionaires provide you with certificates evidencing products liability with your organization named as Additional Insured?  Yes  No  No Concessionaires

16. Who contracts security?: a.  Facility  Applicant b. Number of Security Personnel \_\_\_\_\_

17. a. Describe security measures: \_\_\_\_\_

b. Is security provided by:  Independent Contractors  Employees of the Applicant  
 On-Duty Police  Off-Duty Police  Guard Dogs

c. If security provided by Independent Contractors, are they required to carry their own insurance?  Yes  No

18. Number of grandstands, if any: \_\_\_\_\_  Permanent  Temporary  
If temporary, list name of firm doing installation: \_\_\_\_\_

19. Seating capacity: \_\_\_\_\_ Construction type of grandstands: \_\_\_\_\_

- 20. a. Emergency evacuation plan in place?  Yes  No
- b. Qualified medical personnel in attendance?  Yes  No
- c. Ambulance service in attendance?  Yes  No

21. If **MUSICAL ENTERTAINMENT** event:

Performer/Entertainer Name	Type of Music/Program	Local or National?
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National

Is dancing permitted at this event?  Yes  No

22. If **PARADE** event: a. Number of Floats: \_\_\_\_\_ b. Number of Marching Units: \_\_\_\_\_  
c. Length of Parade: \_\_\_\_\_ d. Estimated number of spectators: \_\_\_\_\_

23. If **ATHLETIC** event: Number of Games: \_\_\_\_\_ Number of Spectators: \_\_\_\_\_  
 Professional?  Amateur? #Youth Participants/Players \_\_\_\_\_ #Adult Participant/Players \_\_\_\_\_

**If Athletic Participant Liability required, please contact CSI for sports application.**

**LIQUOR LIABILITY**

     Quotation Required

     Quotation Not Required

24. **ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY:** \_\_\_\_\_
25. a. Is Applicant sole vendor of alcohol at Event:      Yes      No  
If "No," List number of other Vendors serving alcohol: \_\_\_\_\_
- b. Are all participating alcohol Vendors required to carry minimum Liquor Liability Limits for the Event?  
     Yes      No  
If "Yes," what is the Minimum Requirement? \_\_\_\_\_
26. a. Will alcohol be dispensed by a Professional Bartender?      Yes      No If "No," describe how and by whom alcohol will be dispensed: \_\_\_\_\_
- b. Describe training and/or experience of persons serving alcohol: \_\_\_\_\_
- c. What measures are in place to prevent service of alcohol to minor and/or intoxicated persons?  
\_\_\_\_\_
27. a. Is Liquor License required for this event?      Yes      No  
b. Does Applicant have a valid Liquor License?      Yes      No
28. a. Number of bars or areas at which alcohol will be dispensed at the Event: \_\_\_\_\_
- b. Is alcohol consumption confined to this (these) areas?      Yes      No If "No," describe: \_\_\_\_\_
- c. Will there be an open bar?      Yes      No d. Will alcohol be sold by the drink?      Yes      No
- e. Cost per drink: \_\_\_\_\_ f. Is BYOB (Bring your own bottle) permitted?      Yes      No
29. Will food be sold or served?      Yes      No If "Yes," describe type of food available: \_\_\_\_\_
30. Estimated **gross receipts per day:** **Alcohol** \_\_\_\_\_ **Food** \_\_\_\_\_

**FRAUD STATEMENT:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**WARRANTY STATEMENT:** I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date