

SPECIAL EVENTS APPLICATION

GENERAL INFORMATION

1. First Named Insured _____

2. Mailing Address _____
Street City County State ZIP Code

3. Effective Date Desired _____ Term Desired _____

COVERAGES	LIMITS
<input type="checkbox"/> Products-Completed Operations	General Aggregate \$ _____
<input type="checkbox"/> Premises Operations	Products-Completed Operations Aggregate \$ _____
<input type="checkbox"/> Medical Payments	Personal and Advertising Injury Limit \$ _____
<input type="checkbox"/> Contractual Liability	Each Occurrence Limit \$ _____
<input type="checkbox"/> Damage to Premises Rented to You	Damage to Premises Rented to You Limit \$ _____
<input type="checkbox"/> Personal and Advertising Injury	Medical Expense Limit \$ _____

5. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/ Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If so, give name of company, date, and reason.

UNDERWRITING INFORMATION

6. Additional Insured(s) required? No Yes Provide name and describe interest.

7. Location of Primary Event _____
Street City County State ZIP Code

8. Provide a complete description of all events including locations and dates _____

 (Attach brochures or any other advertising)

9. If applicable, hours of event: From _____ To _____

10. Will first aid services be available? No Yes
 If yes, explain. _____

11. Will alcohol be served? No Yes
If yes, explain. _____
12. Are there mechanical rides, moon walks, trampolines, dunk tanks or water slides? No Yes
If yes, explain _____
13. Describe security and crowd control measures _____

14. Are any water hazards present? No Yes
If yes, explain _____
15. Will fireworks be displayed? No Yes
If yes, would you like coverage as a sponsor of the fireworks? No Yes
If yes who will be igniting the fireworks? Fire Department Licensed Pyrotechnist
 Other (explain in detail) _____
Igniter is an: Employee Independent contractor
What are the policy limits on the igniter's policy? _____
Attach certificate of insurance for the part responsible for igniting the fireworks.
16. Number of grandstands or bleachers (if any) _____ Permanent Temporary
17. Seating capacity _____ Are all seats assigned? Yes No N/A
18. Estimated attendance per day _____ Ticket price _____ Est. gross receipts _____
19. Is contractual liability required? Yes No
If yes, describe all contracts and/or hold harmless agreements, whether written or oral (including dates, contracting parties, and cost). _____

20. Is set up and take down coverage desired? Yes No If yes, on what date(s)? _____
21. How many times has this event been held in the past? _____
22. Do you use independent contractors? Yes No
If yes, describe how. _____

23. Are certificates of insurance secured from exhibitors and vendors? Yes No
24. Describe any products sold by or for the Named Insured. _____

CONCERTS ONLY

1. Location of concert(s) _____ Date(s) _____
2. Estimated attendance for the concert(s) only _____
3. Seating is: Assigned Unassigned Capacity of facility used for concert: _____
4. Type of music being performed: Country Pop (Top 40) Rap Hard Rock Punk
 Classical Easy Listening Other _____
5. List all performances or groups. _____

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address