



SPECIAL EVENTS APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS

1. In which state is the Special Event to be held: _____

2. What type of Special Event is to be held: _____

3. Is the event: Private Special Event Business or Organisational Special Event Special Event Open to General Public

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| 4. Will alcohol be consumed during this event? | Yes | No |
| 5. Will the alcohol be dispensed by a third party professional bar tenders or by trained servers who have completed a formal alcohol training course such as TIPS and do they have a liquor liability policy with limits equal to or exceeding the CGL requested? | Yes | No |
| 6. Does the daily number of attendees exceed 3000 or overall event attendance exceed 15000? | Yes | No |

| | | |
|---|-----|----|
| 7. Does the Special Event finish after 2 a.m.? | | |
| 8. Has the applicant had any policy of insurance cancelled or non-renewed in the last 3 years? | | |
| 9. Has the applicant ever been convicted of the crimes of arson or insurance fraud? | | |
| 10. Is the applicant an event organizer and also a vendor, exhibitor or contractor at special event? | | |
| 11. Is the Special Event any of the following: A Camping or Overnight event, Event using Armed Security or Security with Dogs, Fraternity or Sorority sponsored event, Haunted House, Motorised Sports event, Rodeo or Soap Box Derby? | Yes | No |
| 12. Does the Special Event include any of the following – Activites: Animal Rides or Petting; Bouncy Castles, Moon Bouncers or other Inflatable Devices; Dunking Tanks, Pools or Water Exposure; Hay Rides; Haunted Houses; Hot Air Ballooning; Mechanical Amusement Rides; Motorised Sports; Paintball; Powered or motorised model aircrafts; Airplanes; Helicopters or vehicles; Rock Climbing; Rodeo; Roller or Ice Skating; Skateboarding; Skiing; Snowboarding; Soap box derbies or Trampolineing? Exposures: Animals; Temporary Event Bleachers; Camping or Overnight Exposure; Child Care; Firearms; Fireworks/Pyrotechnics; Fraternity or Sorority Exposure; Heavy Rock; Hip Hop or Rap music; Armed Security or Security with Dogs or Water Hazards? | | |
| 13. All of these activities and exposures will be excluded from the policy - do you wish to continue? | Yes | No |

| | | | |
|--|-----|----|----------------|
| 14. If you are the special event organiser do all exhibitors, vendors, contractors and sub-contractors carry CGL liability limits equal or in excess of CGL limit requested? XXXXXXXXXXXXXXXXXXXX | Yes | No | Not Applicable |
|--|-----|----|----------------|

| | | |
|---|-----|----|
| 15. Is this a repeat or annual event? | Yes | No |
| 16. Has the previous Special Events had or has pending any losses, claims, or lawsuits? | Yes | No |

APPLICANT DETAILS

Name and Mailing Address of Applicant: _____

_____ State _____ Zip code _____

Telephone _____ Email _____

Address of Property to be Insured: _____

_____ State _____ Zip code _____

Name and Address of Retail Broker: _____

_____ State _____ Zip code _____

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

1+. Special Event Name: _____ 1, . Special Event Start Date: _____

19. Special Event Number of Days: _____

20. Would You Like to Add Set Up and Take Down Days to the Event? Yes No

21. Please Enter Number of Set Up Days Required: _____ 22. Please Enter Number of Take Down Days Required: _____

23. Maximum Special Event attendees per day: 0-50 51-250 251-1000 1001-2000 2001-3000

24. Maximum Special Event attendees overall: _____

25. What time is the Event expected to end: Before Midnight Before 1 a.m. Before 2 a.m.

26. Please enter the CGL limit required for the Special Event: \$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000
\$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

27. Is TRIPRA coverage required: Yes No

28. Do you require Medical Pay Cover: Not Required \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

29. If required, please enter details of Additional Insured: _____

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____

Date _____ Date _____