



SPECIAL EVENTS APPLICATION

GENERAL INFORMATION

- 1. First Named Insured
2. Mailing Address
3. Effective Date Desired Term Desired

COVERAGES

LIMITS

Table with 2 columns: COVERAGES and LIMITS. Includes checkboxes for Products-Completed Operations, Premises Operations, Medical Payments, Contractual Liability, Damage to Premises Rented to You, Personal and Advertising Injury, and corresponding dollar limits.

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS

Table with 6 columns: Year, Carrier/Policy Number/Premium, Coverage, Losses, Amount, Description of Losses. Includes a note to use separate sheet if necessary.

Missouri Applicants: DO NOT answer this question.

Has insurance of this type been cancelled, refused, or non-renewed 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?
7. Location of Primary Event
8. Provide a complete description of all events including locations and dates
9. If applicable, hours of event:
10. Will first aid services be available?
11. Will alcohol be served?
12. Are there mechanical rides, moonwalks, trampolines, dunk tanks or water slides?
13. Describe security and crowd control measures.

14. Are any water hazards present?  Yes  No  
If yes, explain. \_\_\_\_\_
15. Will fireworks be displayed?  Yes  No  
If yes, would you like coverage as a sponsor of the fireworks?  Yes  No  
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  East 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.

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.

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Signature of Applicant Title Date

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Signature of Producing Agent Date

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Agent Name and Address