

About This Program

This application is used to insure a single event taking place in the United States or Canada.

Required Documents

The following documents are required to apply for coverage:

- This application (pages 1- 3)
- Additional Insured Supplement
- Vendor Schedule (if applicable)
- Hired/Non-Owned Auto Supplemental (if hired/non-owned auto coverage is required)
- Workers Compensation Worksheet (if applicable)
- Liquor Supplement (if applicable)
- Event Specific Documentation (if applicable)
- Fraud Statement

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Underwriting Qualification Questions

The event will take place in the United States	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm only one event can be covered per policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the event include any of the following? Stunts, Pyrotechnics, Aircrafts, Hazardous Activities, Car Races, Precision Driving, Mechanical Amusement Devices, Film Production, Live Rap or Hip-Hop Performances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any bounce houses or inflatables? (If yes, certificates of insurance are required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any private armed security? (i.e. armed security that work exclusively for you under your employ)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

Special Events Application

Event Information

Required

Event Details

Event Type	
Event Name	
Event Description	
Cost/Budget	
Artist/Band (if any)	
Average Daily Spectators	
Average Daily Participants	

Event Dates

Setup Date(s)	
Event Date(s)	
Tear Down Date(s)	

Venue Details

Name of Venue	
Address	
City, State, Zip	
Event takes place indoors or outdoors	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors

Optional

Concert Information (applicable only if event includes live music)

Type of Music	
Music Decade	
Artist(s) Name(s)	

Vendors (complete only if coverage for vendors is required)

You are automatically covered for claims arising out of the vendors activities (unless the activities are excluded on the policy). By inputting the information below and providing a schedule subject to underwriter's review, for an additional premium the vendors coverage will be extended to allow for vendors to be covered should they be named in a suit.

# of Exhibitors	
# of Non-Food Concessionaires	
# of Food Concessionaires	
# of Attractions/Performances	

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Coverages

Dates of Coverage

Effective: / / Expiration: / /

Maximum 90 days

Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit	* <input type="checkbox"/> 1m/2m <input type="checkbox"/> 2m/2m <input type="checkbox"/> 3m/3m <input type="checkbox"/> 4m/4m <input type="checkbox"/> 5m/5m	n/a
Fire Legal	* <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	n/a
Medical Payments	* <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000	n/a
Blanket Additional Insureds / Certificates of Insurance	* Included	n/a
City / Other Special Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Liquor Liability	<input type="checkbox"/> Exclude <input type="checkbox"/> Host Only <input type="checkbox"/> Full Liquor	n/a
Abuse & Molestation (NJ only)	<input type="checkbox"/> 50k <input type="checkbox"/> 100k <input type="checkbox"/> 500k <input type="checkbox"/> 1m	n/a

Inland Marine

Equipment, Props, Sets, Wardrobe (Rented)	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Equipment, Props, Sets, Wardrobe (Owned)	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Rented Furs, Jewelry, Art & Antiques	<input type="checkbox"/> Exclude <input type="checkbox"/> 5k <input type="checkbox"/> 10k <input type="checkbox"/> 25k <input type="checkbox"/> 50k <input type="checkbox"/> 75k <input type="checkbox"/> 100k	
Extra Expense	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Third Party Property Damage	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Rental Cost Reimbursement	<input type="checkbox"/> Exclude <input type="checkbox"/> 5k <input type="checkbox"/> 10k <input type="checkbox"/> 25k <input type="checkbox"/> 50k <input type="checkbox"/> _____	
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Coverage Extension Endorsement	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Automobile

(* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability	* <input type="checkbox"/> Exclude <input type="checkbox"/> 1,000,000	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate)	<input type="checkbox"/> Exclude <input type="checkbox"/> 125k/500k	10% (\$1500 min/\$7500 max)
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Excess Liability

Occurrence / Aggregate Limit	<input type="checkbox"/> _____ million <input type="checkbox"/> Exclude	n/a
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Workers Compensation

(* Indicates required coverages if WC is purchased). May not be available in all States.

Limit of 1,000,000	* <input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Accident Medical

May not be available in all States.

Coverage for Spectators	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Coverage for Participants	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Limit (Accidental Death, Accidental Dismemberment, Medical Expense)	<input type="checkbox"/> 25k/25k/25k <input type="checkbox"/> 25k/25k/50k <input type="checkbox"/> 50k/50k/50k	

Applicant Signature: _____

Date: _____

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: _____

Insurance Agency/Agent: _____

License Number: _____

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

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Additional Insured Supplement

This supplement is used to name additional insureds under your policy.

Code	Additional Insured Name	Address, City, State, Zip

Code	Additional Insured Type
A1	Co-Promoter
A2	Bands
A3	Lighting, Staging Companies
A4	Sponsors
A5	Venues
A6	Cities/Government Agencies
A7	Other

Special Events Application

Vendor Schedule

This supplement is used to cover vendors, exhibitors, concessionaires and attractions under your policy.

You are automatically covered for claims arising out of the vendors activities (unless the activities are excluded on the policy). By inputting the information below and providing a schedule subject to underwriter's review, for an additional premium the vendors coverage will be extended to allow for vendors to be covered should they be named in a suit.

Code	Vendor Name	Address, City, State, Zip

Code	Vendor Type
V1	Exhibitor
V2	Attraction/Performer
V3	Concessionaires/vendors – food/beverage
V4	Concessionaires/vendors – other than food/beverage

Special Events Application

Hired & Non-Owned Auto Supplemental

Complete this section if Hired & Non-Owned Auto Liability coverage is required.

Cost of Hire

Parameter	Value
Number of Vehicles to be Hired, Loaned or Donated	
Number Days Vehicles will be used	
Cost of Hire (Other than mobile studios/film trucks)	
Cost of Hire (mobile studios & film Trucks)	

Transportation

Will any bus or van be hired primarily for the purpose of transporting people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the above answer is "Yes", provide the driver information below.

Driver Schedule *

First & Last Name of Driver	State Licensed	Drivers License Number

A current driving record is required for each driver indicated above.

Special Events Application

Workers Compensation Details

Complete this section only if workers compensation coverage is desired.

Payroll Company

Name of Payroll Company (if any)	
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Payroll – Primary State (if multiple locations within a State, list each location separately)

State _____

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Performers (other than Dance)			
Performers (Dance)			
Crew			

Payroll – Additional States (Complete this section for each additional State.)

State _____

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Performers (other than Dance)			
Performers (Dance)			
Crew			

Officers & Owners (Include/Exclude)

Should Officers & Owners be included or excluded?	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
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Schedule of Officers & Owners

First Name/Last Name	Social Security Number	Title

Notes:

- Workers Compensation coverage may not be available in all states.
- Certain activities may preclude eligibility for workers compensation coverage.

Special Events Application

Liquor Liability Supplement

Complete this section only if liquor liability (i.e. full liquor coverage) is desired. Do not complete if host liquor only is required. Full liquor is available in all states except AK, AL, DC, HI, NH, PA, VT.

Liquor Questions

1	Will liquor be served or sold at any event(s)? If yes, proceed to question 2. If no, this section is complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Will the amount of liquor sales be greater than \$5,000 If yes, proceed to question 3. If no, this section is complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Amount of Liquor Sales:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Is your business a bar, tavern, "honky tonk", brewery, wholesale liquor distributor or retail liquor store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Do you have a license to sell liquor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do you have anyone selling liquor that is under the age of 21?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Have you and those selling liquor on your behalf completed a liquor control program, which may include; either TIPS (Training for Intervention Procedures by Servers of Alcohol), TAM (Techniques of Alcohol Management) or S.E.R.V.E (Sensible Education for Responsible Vendors and Employees), or another similar program designed specifically for the purpose of providing training and education to employees who sell or serve alcohol.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes

The excess liability does not provide a layer above liquor liability. It does provide a layer above host liquor.

Special Events Application

Event Specific Documentation

The events listed below require additional documentation.

Required Documentation

Event Type / Activity	Required Documentation / Information
Contact Sports, Poker Runs	Sample of a Waiver that Participants are required to sign. Statement from insured that all Participants are required to sign the waiver.
Bounces Houses, Rides, Inflatables	Certificate of Insurance from the vendor naming the event holder as additional insured.
Concerts/Festivals with more than 10,000 attendees per day	Security contract. Venue contract.
Music Festivals	Schedule of Performers. Times of Shows.
Events with Overnight Camping	Venue contract. Confirmation whether insured or venue is responsible for the camping exposure.
Haunted Houses	Diagram of Attraction. Hours of Operation. Advice of any moving parts or ride type exposures. Clearly lit and identifiable exits.

Notes:

- Inadequate documentation, documentation that does not sufficiently transfer liability away from the insured, or the existence of certain exposures may preclude an offer of coverage.

Special Events Application

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

- COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FLORIDA:** Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- Pennsylvania:** 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 subjects such person to criminal and civil penalties.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
_____ **YES** _____ **NO**
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

_____ SIGNATURE OF APPLICANT	_____ DATE
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