

Foreign Events Application (Multiple/Annual Events)

About This Program

This application is used to insure multiple events taking place overseas.

Required Documents

The following documents are required to apply for coverage:

- This application (pages 1 – 3)
- 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

Do any events include any of the following? Stunts, Pyrotechnics, Aircrafts, Hazardous Activities, Car Races, Precision Driving, Mechanical Amusement Devices, Film Production, Rap/Hip-Hop, Metal Concerts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any events with bounce houses or inflatables? (If yes, certificates of insurance are required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any bankruptcies in the last 5 years?	<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
	/ /		
	/ /		

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Schedule of Events

This supplement is used to schedule events onto the policy.

	Event 1	Event 2	Event 3	Event 4
Type of Event				
Name of Event				
Description of Event				
Cost/Budget				
Average Daily Spectators				
Average Daily Participants				
Artist/Band				
Venue Name Address City, State, Zip Country				
Venue Capacity				
Event takes place Indoors or Outdoors	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
Event Dates	/ / - / /	/ / - / /	/ / - / /	/ / - / /

For Concerts Only

Concert Information (applicable only if event includes live music)

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

For Additional Events, Duplicate this page

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Coverages

Dates of Coverage

Effective: / / (12 month term)

Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit *	<input type="checkbox"/> 1m/1m <input type="checkbox"/> 2m/2m <input type="checkbox"/> 3m/3m <input type="checkbox"/> 4m/4m <input type="checkbox"/> 5m/5m	n/a
Blanket Additional Insureds / Certificates of Insurance	Included	n/a
City / Other Special Certificates	Included	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Liquor Liability	<input type="checkbox"/> Exclude <input type="checkbox"/> 1,000,000	n/a

Inland Marine

Unscheduled Owned Equipment	<input type="checkbox"/> Exclude <input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 250,000	
Rented Equipment, Props, Sets & Wardrobe	<input type="checkbox"/> Exclude <input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 250,000	

Contingent Automobile Liability

(* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability *	<input type="checkbox"/> Exclude <input type="checkbox"/> 1m <input type="checkbox"/> 2m <input type="checkbox"/> 3m <input type="checkbox"/> 4m <input type="checkbox"/> 5m	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate)	<input type="checkbox"/> Exclude <input type="checkbox"/> 25,000/25,000	n/a

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.

Fraud Warnings Disclosure

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

- ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
- ARKANSAS, LOUISIANA, RHODE ISLAND, or WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- 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.
- KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.
- KENTUCKY:** 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.
- MAINE, TENNESSEE, VIRGINIA, or 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 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.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- NEW YORK:** 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.
- OHIO:** Any person who, with intent to defraud or knowing that he is 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 any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- 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.
- TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, VA, VT, WA, and WV.)

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise cancelled.

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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