



SPECIAL EVENTS LIABILITY APPLICATION

**ALL QUESTIONS MUST BE ANSWERED IN FULL AND
APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT**

Applicant Name: _____

Mailing Address: _____

Applicant is Individual Partnership Joint Venture Corporation Other: _____

1. Location of event: _____

2. Date(s) coverage is required: _____

3. Does coverage include set up and take down activities? Yes No

4. # days for set up and take down: _____

5. Limits of liability required: 300/600 500/1000 1000/2000 Other: _____

6. Will contractual liability be required? Yes No

7. Will coverage be required for food products sales? Yes No

8. Additional Insured - provide name(s), mailing address and interest of all additional insured.

Attach a separate page if necessary.

9. Describe the event in detail. Attach brochures, advertising, etc. if any.

AUM-NORTH
365 Miron Drive, Suite D
Southlake, TX 76092
817/424-1996 * Fax 817/481-0742
Toll Free: 866/219-0427

AUM-SOUTH
1600 N.E. Loop 410, Suite 126
San Antonio, TX 78209
210/930-0070 * Fax 210/930-0074
Toll Free: 866/652-3324



10. Describe promotional activities that will take place prior to the event.

11. List the names of any performers/celebrities scheduled.

12. Do performers/celebrities have their own insurance? Yes No

13. Estimated attendance per day: _____

14. Estimated gross receipts: _____ Ticket price(s): _____

15. What is the name of the facility where the event is being held?

16. Is the event indoors or outdoors? _____

17. If the event is outdoors, is the area fenced or otherwise enclosed? Yes No

18. What is the applicants policy in regard to readmission?

19. What is the total seating capacity? _____ Reserved: _____ Open Seating: _____

20. Will bleachers or platforms be used? Yes No

Seating is: permanent portable

Construction: wood steel concrete other: _____

Height: _____ ft. Age: _____ yrs. Back and side rail provided? Yes No

Who is responsible for the erection of bleachers? _____

21. If a tent is involved, who is responsible for set-up? _____

22. What sanitary facilities are available?

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23. If the event is indoors, what is the construction of the facility? _____

Number of exits: _____ Age of the building: _____

24. What private protection systems are in place at the facility? _____

25. Describe the security arrangements: _____

Number of guards: _____ Armed Unarmed

Limit of liability insurance carried _____

Number of police: _____ Off Duty Armed Unarmed

26. Does the applicant provide any emergency medical care facilities? Yes No

Describe: _____

27. Does the applicant have an emergency medical contingency plan? Yes No

28. Describe procedures for emergency vehicle access:

29. What are the parking facilities available for the event?

Capacity: _____

30. Are there any amusement devices being operated by the insured or subcontractors? _____

If yes, please describe: _____

31. What is the number of volunteers participating in the event? _____

32. What is the number of vendors/trade booths: _____

Are certificates of insurance required? Yes No Limits: _____

33. What kinds of goods are sold or displayed? _____

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34. Are there any liquor sales? Yes No Total receipts: _____

Is there a liquor liability policy in force? Yes No Limits: _____

Is a certificate of insurance provided? Yes No

Is there a limitation on the number of drinks one person can buy? Yes No

35. Does the applicant provide any overnight camping facilities or other accommodations? _____

If yes, please describe. _____

36. Has this event been held by the applicant in the past? Yes No # of Years: _____

37. Provide details of any losses:

By signing this application, I am attesting to the accuracy of information provided in this application. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Applicant's Signature: _____

Title: _____ Date: _____

Retail Agent: _____

Contact: _____

Phone: (____) _____ Fax: (____) _____

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**SPECIAL EVENTS LIABILITY APPLICATION
FIREWORKS DISPLAY SUPPLEMENTAL**

1. Name of applicant: _____
2. Name of pyrotechnic operator: _____
3. Is this a licensed pyrotechnic operator? Yes No
4. What is the experience level of the operator? _____
5. Years in business (operator): _____
6. Does the pyrotechnic operator carry liability insurance? Yes No
7. Limits: _____ **Attach a copy of the Certificate of Insurance**
8. Describe the display in detail. Specify location of spectators, whether display is ground or aerial, if aerial, over what will the fireworks be shot? Attach a diagram if available.

Is the location of the spectators in compliance with state regulations? Yes No

9. Has the State inspected the display site? Yes No

10. What fire prevention equipment and personnel will be at the display site?

11. Is the fireworks display being held in conjunction with any other events? Yes No If yes, please describe these other activities.

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