



## 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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

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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?

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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?

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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? \_\_\_\_\_



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: (\_\_\_\_) \_\_\_\_\_



**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.

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- 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?

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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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