

Special Events Application

1. Name of Applicant: _____

2. Mailing Address: _____

Date(s) of Event _____ Time(s) _____

3. Desired Coverage Dates From _____ To _____

4. Limits of Liability Requested:

Gen Aggregate _____ Occurrence _____

Prod/Comp/Ops _____ PI/AD _____

Fire Legal _____ Med Pay _____

5. Name of Event _____

6. Location of Event _____

7. Name of Facility (if applicable) _____

8. Does the Facility carry Liability Insurance? ☐ Yes ☐ No

If yes, limits _____

9. Is the event indoors or outdoors? _____

10. Detailed Description of Event: _____

11 Applicants experience in conducting events of this or a similar nature:

12. Estimated attendance per day: _____

13. Estimated gross receipts: _____

14. Price of admission: \$ _____

15. Average age of attendees: _____

16. Will food and/or alcohol be served at the event? ☐ Yes ☐ No

If yes, describe _____

17. If alcohol will be sold, will there be a liquor liability policy in force? ☐ Yes ☐ No

18. Will the applicant be named as an additional insured? ☐ Yes ☐ No

19. Name, address and relationship of additional insured(s) to be added to this policy:

20. Will amusement devices be used? ☐ Yes ☐ No

If yes, provide list of amusement devices: _____

21. Are fireworks or pyrotechnics to be used? ☐ Yes ☐ No

If yes, please describe _____

22. Will the event use exhibitors, vendors, performers, contractors, subcontractors, or independent contracts? ☐ Yes ☐ No

If yes, please explain _____

Are they required to carry their own insurance? _____

What limits are required? _____

23. Security: Describe who will be providing security for the event: _____

24. Medical Emergencies- describe how an emergency will be handled: _____

25. Prior Carrier History (last 3 years) - if prior GL Coverage submit three years of loss runs with application.

Year	Carrier	Policy Number	Premium

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.

Completed by the Insured _____ Date _____

Insured Signature