

New Fillable Form!



**SPECIAL EVENT INSURANCE APPLICATION**

**GENERAL INFORMATION**

1. Name of Insured (Applicant): \_\_\_\_\_
2. Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)
3. Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_
4. Form of Business:  Corporation  Joint Venture  Partnership  LLC  
 Other (please describe): \_\_\_\_\_
5. Is the insured considered:  For Profit  Not-for-profit Federal ID #: \_\_\_\_\_
6. Date of Formation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Chartered or Incorporated in What State? \_\_\_\_\_
7. Proposed Effective Date: \_\_\_\_\_ Website: \_\_\_\_\_

**EVENT INFORMATION**

8. Name of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_
9. Location of Event (Venue/Address): \_\_\_\_\_
10. Dates of Event: \_\_\_\_\_ Set-up/tear down dates: \_\_\_\_\_
11. Is this an annual event?  Yes  No
12. Event Manager: \_\_\_\_\_ Experience: \_\_\_\_\_  
 Event Risk Manager: \_\_\_\_\_
13. Will this event feature any of the following:  Rides/Mechanical Devices, Inflatables  
 Petting Zoos or Animals  Fireworks  Liquor If any, separate applications are required
14. Maximum daily attendance: \_\_\_\_\_
15. Are overnight accommodations or camping facilities provided for the event attendees or contracted for by the event organizer?  Yes  No If yes, please provide a copy of the contract.
16. Will the event have vendors or exhibitors?  Yes  No  
 If yes, do you require that each vendor/exhibitor carries insurance and lists you as an additional insured?  Yes  No  
 If no, do you require a vendor hold harmless/indemnification agreement (in your favor) be signed?  Yes  No

17. Are there musical/entertainment performers?  Yes  No If yes, please list below:

Performer/Entertainer Name	Type of Music/Program	Does the Performer/Entertainer have insurance?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Please list all Additional Insureds and their relationship to the Named Insured:

<u>Additional Insureds</u>	<u>Relationship to Named Insured</u>
_____	_____
_____	_____
_____	_____

**INSURANCE/UNDERWRITING INFORMATION**

19. Responsibilities:  
Please specify who has responsibility for the following event day operations:

	<u>Insured</u>	<u>Facility</u>	<u>Subcontractor/Other (please list)</u>
Facility Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance of event area	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concessions - Non Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concessions – Alcohol*	<input type="checkbox"/>	<input type="checkbox"/>	_____
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Premises Defects	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transportation*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fireworks*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parade*	<input type="checkbox"/>	<input type="checkbox"/>	_____

\*If the insured handles this function, a separate application is required.

Please provide copies of all facility/venue agreements and/or subcontractor agreements.

20. Describe security protection: \_\_\_\_\_

21. Describe procedures for patron eviction and/or arrests: \_\_\_\_\_

22. Describe the precautions taken to prevent spectators from entering restricted areas. If an outdoor event, please describe fencing and other means to prohibit entry by non-ticket holders: \_\_\_\_\_  
\_\_\_\_\_

23. Type of medical facility/ambulance provided? \_\_\_\_\_

24. Is a stage used?  Yes  No If yes, please describe stage:  
Type Height Width  
 Permanent \_\_\_\_\_  
 Temporary \_\_\_\_\_

25. If permanent, what systems or physical characteristics keep spectators off stage? \_\_\_\_\_

26. If temporary, who is responsible for set up of stage?  Insured  Other (please list): \_\_\_\_\_

27. Grandstand: Type No. Age in Years  
 Permanent \_\_\_\_\_  
 Temporary \_\_\_\_\_

28. If temporary bleachers used, do you require a Certificate of Insurance naming you as an additional insured from the owner of the bleachers?  Yes  No If yes, please attach.
29. What percentage of attendance will be festival seating; i.e., non-reserved? \_\_\_\_\_
30. How long before scheduled performance time will you allow entry of spectators? \_\_\_\_\_
31. Are ushers used?  Yes  No
32. Describe number and types of gates and turnstiles: \_\_\_\_\_
33. What type of concessions are sold? \_\_\_\_\_
34. Will concessionaires provide you with Certificates on Insurance evidencing products liability with your organization as Additional Insured?  Yes  No
35. Who is responsible for pre-event inspection of the event premises? \_\_\_\_\_
36. Does the insured have custodial responsibility for minors?  Yes  No  
 If yes, is abuse coverage desired?  Yes  No  
 If yes, please complete the American Specialty Abuse or Molestation Supplemental Application.
37. Will any other underlying coverage be provided for this event?  Yes  No If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
38. How is this event being advertised? \_\_\_\_\_
39. Is facility in compliance with city, state, and township building, safety, and fire codes?  Yes  No  
 (NOTE: Non-compliance with codes will invalidate insurance)
40. 

<u>Coverage</u>	<u>Limit</u>	<u>Limit</u>	
<u>Requested</u>	<u>Requested</u>	<u>Required</u>	
Per Occurrence:	\$ _____	\$ _____	Retention: \$ _____
General Aggregate:	\$ _____	\$ _____	
Participant Legal Liability:	\$ _____	\$ _____	
Personal & Advertising Injury:	\$ _____	\$ _____	
Damage to Premises Rented to You:	\$ _____	\$ _____	
Products/Comp. Ops Liability:	\$ _____	\$ _____	
41. Attach a diagram of location. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders, adjacent buildings, and landscape features: \_\_\_\_\_
42. If your organization is a member of a trade group or sanctioning body which hold insurance and/or risk management seminars and/or meetings, indicate name of association: \_\_\_\_\_
43. Is this a sanctioned event?  Yes  No If yes, name sanctioning organization: \_\_\_\_\_
44. Will you have remote parking?  Yes  No
45. What arrangements have been made for shuttle service? \_\_\_\_\_

**PAST INSURANCE EXPERIENCE**

46. Do you presently carry insurance of this type?  Yes  No  
 If yes, with which insurer? \_\_\_\_\_

47. Has any insurer ever canceled or refused coverage?  Yes  No  
 If yes, explain:

48. Insurance experience for Past Five Years  First year for the event

<b>Carrier</b>					
<b>Year</b>					
<b>Premium</b>	\$	\$	\$	\$	\$
<b>Total Insured Claims (Paid &amp; Reserved)</b>	\$	\$	\$	\$	\$

49. Description of any individual claim or reserve in excess \$10,000: \_\_\_\_\_  
 \_\_\_\_\_

**ABUSE AND MOLESTATION**

1. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses?  Yes  No
2. Does your state permit you to do criminal background investigations?  Yes  No  
 If yes, do you routinely request and receive such background investigations?  Yes  No
3. Do you verify employment related references?  Yes  No
4. Do you conduct a personal interview?  Yes  No
5. Do you have written procedures for dealing with sexual abuse?  Yes  No  
 If yes, please attach a copy.
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with students, both on and off premises?  Yes  No
7. Has your organization ever had an incident which resulted in an allegation of sexual abuse?  Yes  No  
 If yes, please describe. \_\_\_\_\_  
 Was a claim made against the organization?  Yes  No  
 Was the case settled?  Yes  No  
 Was the case taken to trial?  Yes  No  
 How much money was paid as damages to the victim? \_\_\_\_\_

**Please provide the following with this application: ?**

- Five years of company loss runs.
- Most current audited financials.
- Copy of expiring policy or specific manuscript endorsements that the insured would like to submit for consideration.
- A list of all locations to be insured, including addresses and descriptions of each.
- A list of all insureds to be included along with a description of each.
- A list and description of any ancillary activities to be covered.
- Copies of subcontractor agreements or agreements between the insured and any additional insured.
- A schedule of events/activities or a brochure for this event.
- Copy of the event Emergency/Crisis Response plan and/or Risk Management Manual

Commercial Risk Group, Inc. or it's representative, for the insuring Company, shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL EVALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

**I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature



\_\_\_\_\_

Title



Send completed form to:

