INSURED _____
EFFECTIVE DATE _____

PRODUCER CODE _____
STATE CODE _____

SPECIAL EVENTS APPLICATION

1. NAME OF APPLICANT	APPLICANT IS ☐ INDIVIDUAL ☐ CORPORATION ☐ OTHER (Specify) ☐ PARTNERSHIP ☐ JOINT VENTURE		
STREET ADDRESS	CITY	STATE	ZIP CODE

2. ADDRESS OF EVENT
DESCRIBE LOCATION OF EVENT:

3. DATE OF EVENT	COVERAGE DATES REQUIRED (IF OTHER THAN EVENT DATES)
FROM TO	

4. ESTIMATED ATTENDANCE PER DAY:	TOTAL ESTIMATED PARTICIPANTS:	GROSS RECEIPTS:	MAXIMUM CAPACITY OF LOCATION OF EVENT:

5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING, BROCHURE, ETC., IF ANY)

6. EVENT WILL BE HELD: ☐ INDOORS ☐ OUTDOORS	8. CROWD CONTROL	TYPE:	NUMBER:
7. SEATING WILL BE:		☐ USHERS	_____
☐ RESERVED SEATING		☐ PRIVATE SECURITY ARMED ☐ UNARMED ☐	_____
☐ GENERAL ADMISSION		☐ OFF-DUTY POLICE ARMED ☐ UNARMED ☐	_____
		☐ POLICE	_____
		☐ GUARD DOGS	_____
		☐ OTHER (DESCRIBE) _____	_____

9. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.)

10. ANY CELEBRITIES TO BE PRESENT? ☐ YES ☐ NO	IF YES, PROVIDE NAME(S)

SPECIAL NOTE:

THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT
Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

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11. WILL BLEACHERS OR PLATFORMS BE USED? ☐ YES ☐ NO A. ☐ PERMANENT ☐ PORTABLE

B. CONSTRUCTION: ☐ WOOD ☐ STEEL ☐ CONCRETE ☐ C. HEIGHT _____ FT. D. AGE _____ YEARS

E. BACK AND SIDE RAILINGS PROVIDED ☐ YES ☐ NO F. CONDITION (DESCRIBE)

12. DOES EVENT INVOLVE: (IF NONE, CHECK ☐)	HAZARD	INTEREST OF APPLICANT SPONSOR	OPERATOR
	☐ FIREWORKS	☐	☐
	☐ AMUSEMENT RIDES OR DEVICES	☐	☐
	☐ FOOD SALES	☐	☐
	☐ ALCOHOLIC BEVERAGE SALES	☐	☐

A. IF APPLICANT IS **SPONSOR** DOES **OPERATOR** HAVE LIABILITY INSURANCE? ☐ YES ☐ NO

LIMITS $_____ NAME OF COMPANY _____

B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM **OPERATOR?** ☐ YES ☐ NO

13. HOLD HARMLESS AGREEMENTS: A. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY? ☐ YES ☐ NO B. IS APPLICANT HELD HARMLESS BY OTHERS ☐ YES ☐ NO

IF ANSWER TO A. OR B. IS YES, ATTACH COPIES OF CONTRACTS

14. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE:

DATE	NATURE OF LOSS	AMOUNT PAID OR OUTSTANDING

15. A. LIMITS OF LIABILITY DESIRED $_____ B. PRODUCTS COVERAGE DESIRED? ☐ YES ☐ NO C. DEDUCTIBLE DESIRED $_____

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_____ DATE

_____ SIGNATURE OF APPLICANT

_____ SIGNATURE OF PRODUCER

REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS