

SINGLE SPECIAL EVENT APPLICATION

1. Name of Applicant/Named Insureds: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No: _____ Fax No: _____

4. Describe Event: _____

5. Location of Event: (Full Address) _____

6. Effective Date: _____ Time: _____ A.M. P.M.

Expiry Date: _____ Time: _____ A.M. P.M.

7. Please provide the following information about Daily Activities and Estimated Attendance:

	MAIN ACTIVITY	ESTIMATE ATTENDANCE	OTHER ACTIVITIES	TOTAL ATTENDANCE
Day 1	_____	_____	_____	_____
Day 2	_____	_____	_____	_____
Day 3	_____	_____	_____	_____

8. Estimated Gross Revenue: _____

9. Will there be music played at the event? _____

If Live band please provide name and type of music: _____

10. Who is providing food and/or drink or other? (Name) _____

11. If Products coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession: _____

12. If other than the Applicant, is a Certificate of Insurance provided? Yes No

Name of Insurer: _____

13. Will there be alcohol served at any of the activities? Yes No

****If yes, then please fill out our Host Liquor Supplement****

14. If third party is responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured: _____

15. What is your experience producing this type of event?

16. Are there any activities involving trampolines and/ or inflatable jumping pillows? Yes No If yes, please explain

17. Will there be any overnight camping? Yes No If yes, how long? _____

18. Will any grandstands or bleachers be used? Yes No If yes, confirm the construction:

Capacity: _____ **General Condition:** _____

19. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation:

20. General Comments:

21. Has any company declined or cancelled any coverage? Yes No If so, please provide detail:

22. Previous Carrier: _____

Premium: _____

23. Limits Requested (Check one): 1 Million 2 Million 5 Million Other _____

24. Loss History:

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

Applicant's Signature

Position

Print Name

Date

HOST LIQUOR SUPPLEMENTAL APPLICATION TO SPECIAL EVENT LIABILITY

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds: _____
2. Type of Host Liquor function: _____
3. Name and Address of Permit Holder (Insured): _____
4. Liquor License Board Permit No. and Capacity applied for (# of patrons): _____
5. From - Date: _____ Time: _____ A.M. P.M.
To - Date: _____ Time: _____ A.M. P.M.
6. Number of people at Host Liquor function: _____
7. Location of Host Liquor function: _____
8. Estimated liquor sales: _____
9. Limit of Host Liquor Liability (Check One): 1 Million 2 Million
10. Who is designated to handle the following:
A) Impaired patrons who arrive at your function _____
B) Patrons who have become visibly impaired at your function _____
C) Patrons who fight _____
D) Patrons who become disruptive and abusive _____
E) Patrons who are obviously impaired who leave your function (Alone) _____
11. If third party is responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured: _____

****PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING SERVED AT YOUR EVENT****