



Special Event Application

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Please describe the event: _____

Location of the event: _____

Date and Time of Event _____

Please provide information about the daily activities, estimated attendance and receipts:

Are you serving or providing alcoholic drinks? Yes No

If yes, Name of Liquor Permit Holder & Permit Number _____

Expected Liquor Receipts? _____

All servers required to have alcohol awareness training and certification Yes No

Who is responsible for handling intoxicated patrons? _____

What security procedures and protocols are in place with respect to alcohol sales and consumption?

Has the event been held before? Yes No

If Yes, please advise how many years? _____

Have there been any losses in previous years? Yes No

If Yes, please provide details _____



Are there any vendors or concessionaires? Yes No

If Yes, do they provide proof of insurance? Yes No

Are there any temporary structures installed for the event? Yes No

If Yes, who is responsible for installation? _____

Do they provide proof of insurance? Yes No

Will there be security at the event? Yes No

Who is responsible for providing the security? _____

If it is a paid security company, please provide the name of the company? Yes No

Do they provide proof of insurance? Yes No

Are any of the security volunteers? Yes No

Please provide details of all internal and external security: _____

Are there medical personnel on site for the event? Yes No

If Yes, how many paramedics _____ EMT/EMS _____ Other: _____

What is the distance to the nearest hospital? _____

Is there an emergency evacuation plan? (please provide a copy) Yes No

If Yes, how are the crowd notified? _____

Are there any professional performers? Yes No

Do they provide proof of insurance? Yes No

Please provide details of the type of performers: _____

If this is a musical event, please advise the genre of music: _____

Will there be any subcontractors hired for the event? Yes No



If Yes, please describe _____

Do they provide proof of insurance? Yes No

Please describe any other activities that are to occur during the event: _____

Limit of liability requested: \$ _____

Products/Completed Operations aggregate limit: \$ _____

Tenant's Legal Liability limit: \$ _____

Other coverage(s) requested: \$ _____

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) The Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that the Applicant has not omitted, suppressed or misstated any facts.
- (b) If any claims, threatened claims, or other matters which might affect issuance of a Policy come to the attention of the Applicant after execution or filing of this Application with the Insurer but before a Policy is issued, the Applicant must notify the Insurer immediately.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Deductible Provision - Please note that the Policy stipulates that any deductible or retention shall apply to investigation expenses and defense costs as well as indemnity.
- (e) The Applicant understands that the limit of liability, deductible, term of coverage and other terms and conditions in any Policy issued in response hereto may be different than those requested herein and the Applicant agrees to such differences.

14. This Application shall be attached to and become a part of any Policy issued as a result of this Application. The Application shall be deemed a schedule to such Policy, but the signing of this Application does not bind the Applicant or the Company unless and until a Policy of Insurance is bound in writing in response to this Application.

Date: _____

Applicants Signature: _____

By: _____

Title: _____

Email address: _____

Title: _____

Broker/Agent: _____

Broker/Agent Address: _____

Telephone No: _____

Fax No: _____