

SPECIAL EVENTS APPLICATION

INSURED _____
EFFECTIVE DATE _____

PRODUCER CODE _____
STATE CODE _____

1. NAME OF APPLICANT APPLICANT IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER (Specify) _____			
STREET ADDRESS	CITY	STATE	ZIP CODE

2. ADDRESS OF EVENT:
DESCRIBE LOCATION OF EVENT:

3. DATE (S) OF EVENT	<u>FROM</u>	<u>TO</u>	SCHEDULED RAIN DATE(S), IF COVERAGE IS REQUIRED	<u>FROM</u>	<u>TO</u>
HOURS OF EVENT	<u>FROM</u>	<u>TO</u>	HOURS OF EVENT	<u>FROM</u>	<u>TO</u>
SET-UP DATE(S)	<u>FROM</u>	<u>TO</u>	SET-UP DATE(S) FOR RAIN DATE	<u>FROM</u>	<u>TO</u>
TAKE DOWN DATE(S)	<u>FROM</u>	<u>TO</u>	TAKE DOWN DATE(S) FOR RAIN DATE		

4. ESTIMATED SPECTATOR ATTENDANCE PER DAY:	TOTAL ESTIMATED PARTICIPANTS:	GROSS RECEIPTS:	MAXIMUM CAPACITY OF LOCATION OF EVENT:
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5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING, BROCHURE, ETC., IF ANY):

<p>6. EVENT WILL BE HELD: <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS</p> <hr/> <p>7. SEATING WILL BE:</p> <p><input type="checkbox"/> RESERVED SEATING</p> <p><input type="checkbox"/> GENERAL ADMISSION</p>	<p>8. CROWD CONTROL</p> <table style="width:100%;"> <thead> <tr> <th style="text-align: left;">TYPE</th> <th style="text-align: right;">NUMBER</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> USHERS</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> PRIVATE SECURITY</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> OFF-DUTY POLICE</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> POLICE</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> GUARD DOGS</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> OTHER (DESCRIBE) _____</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table>	TYPE	NUMBER	<input type="checkbox"/> USHERS	_____	<input type="checkbox"/> PRIVATE SECURITY	_____	<input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED	_____	<input type="checkbox"/> OFF-DUTY POLICE	_____	<input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED	_____	<input type="checkbox"/> POLICE	_____	<input type="checkbox"/> GUARD DOGS	_____	<input type="checkbox"/> OTHER (DESCRIBE) _____	_____
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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):

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11. WILL BLEACHERS, PLATFORMS OR STAGES BE USED? Yes No IF YES:

A. PERMANENT PORTABLE

B. CONSTRUCTION: WOOD STEEL CONCRETE OTHER (describe)

C. HEIGHT _____ FT.

D. AGE _____ YEARS

E. BACK AND SIDE RAILINGS PROVIDED Yes No

F. IF TEMPORARY STAGING IS PROVIDED, WHO OWNS? _____

G. DOES OWNER CARRY LIABILITY INSURANCE AND NAME OUR INSURED AS ADDITIONAL INSURED? Yes No
 LIMITS \$ _____ NAME OF COMPANY _____ CERTIFICATES OBTAINED Yes No

H. WHO ERECTS TEMPORARY STAGING? _____

I. IS TEMPORARY STAGING INSPECTED AND RATED TO HANDLE WEIGHT OF EQUIPMENT AND PEOPLE USING IT?
 Yes No

J. IS TEMPORARY STAGING ANCHORED AGAINST COLLAPSE FROM HIGH WIND? Yes No

K. OVERALL CONDITION (DESCRIBE): _____

12. DOES EVENT INVOLVE:	HAZARD	INTEREST OF APPLICANT	
		SPONSOR	OPERATOR
	FIREWORKS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	AMUSEMENT RIDES OR DEVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	FOOD SALES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	ALCOHOLIC BEVERAGE SALES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

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 \$ _____

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.

REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS	INTEREST OF ADDITIONAL INSURED IN EVENT (LANDLORD, GRANTOR OF PERMIT, ETC.)

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<u>SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.</u>
FRAUD NOTICES:
<i>PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.</i>
<u>Applicable in AL, AR, DC, LA, MD, NM, RI and WV</u> Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.
<u>Applicable in CO</u> It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<u>Applicable in FL</u> Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).
<u>Applicable in KS</u> Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.
<u>Applicable in KY, NY, OH and PA</u> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.
<u>Applicable in ME, TN, VA and WA</u> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.
<u>Applicable in NJ</u> Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<u>Applicable in OK</u> WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).
<u>Applicable in OR</u> Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.
<u>Applicable in Other States:</u> WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

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Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email