



Special Event Application

Contact Information

Named Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____

Email: _____

Schedule of Events

Event Name: _____

Event Website: _____

Dates of Events: _____ To _____

Venue Name: _____

Venue Address: _____

Venue City: _____ Venue State: _____ Venue Zip: _____

How many years has this event been held under the present management (if never, enter 0)? _____

Is the Event Outdoors: Yes No

During this time has the insured had a claim at the event? Yes No

If so, describe:

Type of Event: _____

Event Description: _____

Maximum Daily Attendance: _____ Total Attendance: _____



For Live Music/Concerts

Type/Genre of Music: _____

Artist/Band Name: _____

Is seating assigned? Yes No

General Questions

Will any of the events include any of the following? (Check all that apply)

- _____ Aircraft
- _____ Animals (other than pet contests & shows)
- _____ Archery
- _____ Camping
- _____ Cattle Drives
- _____ Childcare Operations
- _____ Firearms/Ammunition/Weapons of Any Kind
- _____ Fireworks
- _____ Food Vendor
- _____ Inflatables
- _____ Mechanical Amusement Rides
- _____ Motorsports
- _____ Obstacles
- _____ Open Water Exposure
- _____ Paintball
- _____ Parade
- _____ Rock Climbing Walls
- _____ Rodeos
- _____ Tattooing/Body Piercing
- _____ Temporary Skating/Skiing/Skateboarding Structures
- _____ Trail Rides

Will any of the events occur in a bar or nightclub? Yes No

If Yes, are those events occurring in a bar or nightclub open to the public? Yes No

Does the applicant hire any subcontractors for the insured event(s)? Yes No

Do these subcontractors carry their own ins. naming you as Additional Insured? Yes No

Will there be security at the insured event(s)? Yes No

Who is responsible for providing security? _____ Venue _____ Applicant _____ Other _____ Police



Will there be temporary structures installed/built for your event? Yes No

Who will be responsible for building/installing structure(s)? _____ Insured _____ Subcontractor

Coverage Options – General Liability

Minimum General Liability Limits: \$1 Million per Occurrence / \$2 Million Aggregate
Damage to Premises Rented to You: \$300,000

Required Limits: _____

Is Liquor Liability Required? Yes No

If yes, please request the Supplemental Liquor Liability Application

Is Hired/Non-Owned Auto Required? Yes No

If yes, please request the Supplemental Hired/Non-Owned Auto Application

Are Additional Insured Required? Yes No

Does your contract require a “waiver of subrogation”? Yes No

If yes, what is the name of the entity requesting the waiver of subrogation?

What is their involvement in the event?

_____ The venue is the entity requesting the waiver of subrogation

_____ An entity other than the venue is requesting the waiver of subrogation

Enter involvement of the entity requesting the waiver of subrogation below:

Is coverage needed for Rented Equipment? Yes No

If yes, please request the Supplemental Inland Marine Application



Coverage Options – Medical

Participant Excess Accident Medical Yes No

How many participants will be at the event per day? _____

How many days will the participants be at the event? _____

Volunteer Excess Accident Medical Yes No

How many participants will be at the event per day? _____

How many days will the participants be at the event? _____

Spectator Excess Accident Medical Yes No

How many participants will be at the event per day? _____

How many days will the participants be at the event? _____

Additional Insureds

Name _____

Address _____

City _____ State _____ Zip _____

**Use a separate sheet of paper for more additional insureds.*

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 but that the information contained herein shall be the basis of the Contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Signature: _____ Date: _____