

Special Event General Liability Application

Applicant's name _____

Form of Organization _____ Corp _____ Partn _____ Other _____

Mailing address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Event location _____

Agent name _____

Address _____

City _____ State _____ Zip _____

Proposed policy effective date from _____ to _____

LIMITS OF LIABILITY REQUESTED

	Each Occurrence	Aggregate	Deductible
Combined single limit	,000	,000	

1. Indicated coverages desired:
 - Personal/advertising injury
 - Premises/operations
 - Products/completed operations
 - Fire legal liability
2. Estimated attendance _____ Estimated participants _____
Maximum capacity at event location _____
3. Gross receipts \$ _____
4. Detailed description of event (attach advertising brochures, flyers, etc., if any) _____

5. Approximate age bracket of public attending event _____
6. Event will be held
 - Indoors: Reserved seating _____ %
General Admission _____ %
 - Outdoors - Have local health departments codes been determined regarding restroom facilities?
 yes no

Have arrangements been made to comply with such Codes? yes no

7. Crowd control; number of
 - Private security _____
 - Off duty police _____
 - Guard dogs _____

If private security, are certificates of insurance required? yes no

8. Applicant's experience in conducting events of this or similar nature (number, dates, etc.) _____

9. Will bleachers or platforms be involved? yes no
 - Portable Permanent
 - Back and side railing provided? yes no
 - Construction wood steel concrete

Height _____ feet Age _____ years

10. Is liquor served or sold by the insured? yes no

If yes, explain _____

11. Is liquor served or sold by others? yes no

Do they have their own liquor law coverage? yes no

Are we to provide? (Read Class 53 for guidelines) yes no

12. Will first-aid facilities be provided by applicant? yes no

If yes, who will be in charge of facilities?

Doctors Nurses

Other _____

13. If applicant is sponsor, does operator have liability insurance? yes no

Limits \$ _____

Company name _____

14. Do you have certificates of insurance from operators? yes no

15. Does applicant agree to hold harmless any third party? yes no
If yes, attach a copy of the contract.

Is applicant held harmless by others? yes no

16. Indicate premium and losses for the past 3 years.

Describe all losses:

Year			
Company			
Policy No.			
Premium			
Losses paid			
Losses reserved			

17. Attach any other information which will help us understand this risk.

Answer all questions.

If they do not apply, indicate "not applicable."

This application does not bind the applicant or the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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

Date

Applicant's signature

IMPORTANT: It is agreed and understood that liquor liability insurance coverage is not a part of this application nor a part of any issued policy.

Date

Applicant's signature

Agency/Producer Name

Applicant's Title