

**SPECIAL EVENT INSURANCE PROGRAM
COMMERCIAL GENERAL LIABILITY
Customer Application**

APPLICANT INFORMATION

Applicant Name: _____
Name of Applicant

Applicant Address: _____
Street

_____ City State Zip Code

Applicant Home Phone: _____
Area Code Phone Number

Applicant Business Phone: _____
Area Code Phone Number

Applicant Fax: _____
Area Code Fax Number

Website Address: _____
Website Address

E-mail Address: _____
E-mail Address

Applicant is a (select one):

- a. Event Holder
- b. Concessionaire/Exhibitor/Vendor

If the Applicant is the Event Holder, will there be any Concessionaires, Exhibitors or Vendors attending or participating in the Event? Yes No

If 'Yes' to question number 13 above, will the applicant require that all Concessionaires, Exhibitors and Vendors name the applicant as an **Additional Insured** on a \$1,000,000 Commercial General Liability insurance policy? Yes No

EVENT INFORMATION

Event Type: _____
Event Type: _____
Specify Type of Event (i.e. fair, church dinner, concert, birthday party, etc.)

Event Description: _____
Brief Description of Event

If Concert: _____
If concert or music type of event, specify type of music

Event Dates/Times:

Start/Stop Dates: From ____/____/____ To ____/____/____
MM DD YY MM DD YY

Start/Stop Time: From ____ To ____
AM Or PM AM Or PM

Total number of days event will be open: _____

Event Attendance:

- a. Maximum Daily Attendance: _____
Daily Attendance
- b. Total Attendance: _____
Total Attendance
- c. Audience Age Group: From _____ To _____
Audience Age Audience Age
- d. Estimated Gross Revenues: _____
Gross Revenue

Event Security:

- a. Will there be security at this event? Yes No
- b. If "Yes" to question number "18a." above, the security will be provided or contracted by:
 - (01) The Facility/Venue
 - (02) The Applicant:
 - (a) Name of security provider: _____
Name Of Company Providing Security
 - (b) Security provider has liability insurance? Yes No
 - (c) Security provider has named applicant as an **Additional Insured**? Yes No
 - (d) Type Of Security Guards:
 - (01) Uniform Guards
 - (02) Peer Group/Ushers
 - (03) Off-Duty Police
 - (04) Private Armed Security Guards

- Will alcohol be served or be available for consumption at the event? Yes No
- Will the Applicant receive any proceeds from the sale of alcohol? Yes No
- Is a donation expected or an admission charge required to attend the event? Yes No

FACILITY/VENUE INFORMATION

Facility/Venue Name: _____
Name Of Facility/Venue

Facility Address: _____
Street

_____ City State Zip Code

- Is public access limited by fences, ropes, barricades or guard rails? Yes No
- Is the event facility/venue requiring that they be named on this liability policy as an Additional Insured? Yes No

If 'Yes' to number 25 above,
Additional Insured wording: _____

- Is any other entity requiring that they be named in this liability policy as an Additional Insured? Yes No

If 'Yes' to number 27 above,
Additional Insured wording: _____

Add. Insured Address: _____
Street

_____ City State Zip Code

_____ Area Code Phone Number _____ Area Code Fax Number

EVENT SPECIFIC QUESTIONS

Answer this question only if your Event is **Pumpkin Patch** or **Christmas Tree Sales Lot**.

- a. Have you provided for adequate security? Yes No
- b. Have you provided for adequate lighting and fencing? Yes No

Answer this question only if your Event is a **Cornfield Maze**.

- a. Have you provided for adequate security staff required to direct people in cases of an emergency such as a fire? Yes No
- b. Have you provided for adequate fire protection in case of a fire? Yes No

LIMIT AND OPTIONAL COVERAGE INFORMATION

Limit of Liability Required (select one option only):

- a. \$ 500,000/\$1,000,000 Per Occurrence/Annual Aggregate
- a. \$1,000,000/\$2,000,000 Per Occurrence/Annual Aggregate

SPECIAL NOTES

- 01. The underwriter and/or the program administrator reserve the right to accept or reject any application for insurance.
- 02. Premium and fees are fully earned and non-refundable at inception.
- 03. Coverage will not be effective and a Certificate Of Insurance will not be issued until the full and correct payment has been received.
- 04. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICATION INFORMATION MISREPRESENTATION

I understand and agree that the policy will not cover **Bodily Injury, Property Damage** or **Personal Injury** if the **Event Type, Music Type** or any other application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated, or wrongly stated at the time of application.

Accept Decline

Applicant Printed Name, Signature And Date:

Applicant Printed Name

Applicant Signature

Date