

Special Events Application

About This Program

This application is used to insure a single event taking place in the United States or Canada.

Required Documents

The following documents are required to apply for coverage:

- This application
- Additional Insured Supplement
- Vendor Schedule
- Workers Compensation Worksheet (if applicable)
- Non-Appearance Supplement (if applicable)
- Event Specific Documentation (if applicable)
- Fraud Statement

Applicant Information

| | |
|--|--|
| Named Insured: | |
| Entity Type: | <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit |
| Country of Residency (if individual): | |
| Country of Registration (all others): | |
| Primary Address (no PO Box): | |
| Mailing Address (if different to primary): | |
| Contact Person: | |
| Phone / Fax: | |
| Email: | |
| Website: | |
| Year Business Established: | |
| Federal ID/Social Security #: | |
| Description of Operations: | |

Underwriting Qualification Questions

| | | |
|---|------------------------------|-----------------------------|
| The event will take place in the United States | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Confirm only one event can be covered per policy. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the event include any of the following? Stunts, Pyrotechnics, Aircrafts, Hazardous Activities, Car Races, Precision Driving, Mechanical Amusement Devices, Film Production, Live Rap or Hip-Hop Performances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any bounce houses or inflatables? (If yes, certificates of insurance are required) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any private armed security? (i.e. armed security that work exclusively for you under your employ) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Insurance History

| Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
|---|------------------------------|-----------------------------|-----------------|---------|
| Any prior insurance coverage? If yes, provide details below | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Policy Type | Carrier | Policy # | Expiration Date | Premium |
| | | | / / | |
| | | | / / | |

| Any losses in the past 3 years? If yes, provide details below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
|--|------------------------------|-----------------------------|----------------|
| Policy/Line | Date of Loss | Description of Loss | Amount of Loss |
| | / / | | |
| | / / | | |

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Event Information

Event Details

| | |
|-------------------------------|--|
| Event Type | |
| Event Name | |
| Event Description | |
| Cost/Budget | |
| Artist/Band (if any) | |
| Average Daily Spectators | |
| Average Daily Participants | |
| Names of Celebrities (if any) | |

Concert Information (applicable only if event includes live music)

| | |
|-------------------|--|
| Type of Music | |
| Music Decade | |
| Artist(s) Name(s) | |

Venue Details

| | |
|---------------------------------------|--|
| Name of Venue | |
| Address | |
| City, State, Zip | |
| Event takes place indoors or outdoors | <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors |

Vendors (complete only if coverage for vendors is required)

| | |
|-------------------------------|--|
| # of Exhibitors | |
| # of Non-Food Concessionaires | |
| # of Food Concessionaires | |
| # of Attractions/Performances | |

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Coverages

Dates of Coverage

Effective: / / Expiration: / /

Maximum 90 days

| Coverage | Limit | Deductible |
|----------|-------|------------|
|----------|-------|------------|

General Liability (* Indicates required coverages)

| | | | |
|---|---|---|-----|
| Occurrence / Aggregate Limit | * | 1,000,000 / 2,000,000 | n/a |
| Certificates of insurance / Blanket Additional Insureds | * | Included | n/a |
| Waiver of Subrogation | | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | n/a |
| Liquor Liability (Host and No Host) | | <input type="checkbox"/> Exclude <input type="checkbox"/> 1,000,000 | n/a |

Inland Marine

| | | | |
|---|--|---|--|
| Rented Equipment (Equipment of Others) | | | |
| Third Party Property Damage | | | |
| Owned Equipment – Scheduled (Replacement Cost) | | | |
| Owned Equipment – Unscheduled (Actual Cash Value) | | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | |

Automobile (* Indicates required coverages if Automobile is purchased)

| | | | |
|--|---|---|-----------------------------|
| Hired & Non-Owned Auto Liability | * | <input type="checkbox"/> Exclude <input type="checkbox"/> 1,000,000 | n/a |
| Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit) | | <input type="checkbox"/> Exclude <input type="checkbox"/> 125k/500k | 10% (\$1000 min/\$7500 max) |

Excess Liability

| | | | |
|------------------------------|--|--|-----|
| Occurrence / Aggregate Limit | | | n/a |
|------------------------------|--|--|-----|

Workers Compensation (* Indicates required coverages if Workers Comp is purchased). Available in CA, NY, FL, TX, NJ

| | | | |
|------------------------|---|---|-----|
| Limit of 1,000,000 | * | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | n/a |
| All States Endorsement | | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | n/a |
| Waiver of Subrogation | | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | n/a |

Spectators & Participants Medical (* Indicates required coverages if Inland Marine is purchased)

| | | | |
|--|--|--|-------------------------------------|
| Coverage for Participants | | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | |
| Coverage for Spectators | | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | |
| Accidental Medical Benefit (Death/Dismemberment/Medical) | | <input type="checkbox"/> 25k / 25k / 25k <input type="checkbox"/> 25k / 25k / 50k <input type="checkbox"/> 50k / 50k / 50k | 250 (applicable to medical only) |

Event Cancellation (* Indicates required coverages if Event Cancellation is purchased)

| | | | |
|---------------------------------|---|--|--|
| Cancellation Limit | * | <input type="checkbox"/> Include for event budget <input type="checkbox"/> Exclude | |
| Adverse Weather Coverage | a | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | |
| Named Storms Coverage | b | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | |
| Non-Appearance Coverage | | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | |
| Door Registration Coverage | | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | |
| Personal Property Coverage Form | | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | |
| Earthquake | | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | |

- a) Adverse Weather Coverage is included only if the policy is purchased at least 10 days prior to the event effective date.
- b) For events that occur in the states of AL, FL, GA, LA, MS, NC, SC, TX, & VA during the period June 1st through November 30th, adverse weather coverage does not include coverage for named storms. Named storms coverage is available in these states as an option only if the event cancellation policy is purchased at least 15 days prior to the event effective date.

Applicant Signature: _____ Date: _____

| | | |
|---|-------------------------|-----------------|
| To be completed by your Insurance Broker: | | |
| Insurance Company(s) Applied to: | Insurance Agency/Agent: | License Number: |

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

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Workers Compensation Worksheet

Complete this section only if workers compensation coverage is desired.

Payroll Company

| |
|---------------------------------|
| Name of Payroll Company, if any |
|---------------------------------|

Payroll

| Class Code | Number of Full Time Cast/Crew | Number of Part Time Cast/Crew | Total Payroll |
|-------------------------------|-------------------------------|-------------------------------|---------------|
| Performers (other than Dance) | | | |
| Performers (Dance) | | | |
| Crew | | | |

Officers & Owners (Include/Exclude)

| | |
|---|---|
| Should Officers & Owners be included or excluded? | <input type="checkbox"/> Included <input type="checkbox"/> Excluded |
|---|---|

Schedule of Officers & Owners

| First Name/Last Name | Social Security Number | Title |
|----------------------|------------------------|-------|
| | | |
| | | |
| | | |
| | | |

Notes:

- Workers Compensation coverage may not be available in all states.
- Certain event activities may preclude the event from being eligible for workers compensation coverage.

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Non-Appearance Schedule of Covered Persons

Complete this section if non-appearance coverage is required under Event Cancellation.

Individuals to be Scheduled

| First & Last Name | Profession | Date of Birth | Limit |
|-------------------|------------|---------------|-------|
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |

Notes:

- The maximum limit per person and aggregate limit for all persons is \$100,000.

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Event Specific Documentation

The events listed below require additional documentation.

Required Documentation

| Event Type / Activity | Required Documentation / Information |
|--|---|
| Contact Sports, Poker Runs | Sample of a Waiver that Participants are required to sign. Statement from insured that all Participants are required to sign the waiver. |
| Bounces Houses, Rides, Inflatables | Certificate of Insurance from the vendor naming the event holder as additional insured. |
| Concerts/Festivals with more than 10,000 attendees per day | Security contract. Venue contract. |
| Music Festivals | Schedule of Performers. Times of Shows. |
| Events with Overnight Camping | Venue contract. Confirmation whether insured or venue is responsible for the camping exposure. |
| Haunted Houses | Diagram of Attraction. Hours of Operation. Advice of any moving parts or ride type exposures. Clearly lit and identifiable exits. |

Notes:

- Inadequate documentation, documentation that does not sufficiently transfer liability away from the insured, or the existence of certain exposures may preclude an offer of coverage.

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FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

- COLORADO:** 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.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FLORIDA:** Any person who knowingly and with intent to 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.
- MAINE:** 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 or a denial of insurance benefits.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK NOTICE:** 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.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** 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.
- Pennsylvania:** 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.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
_____ **YES** _____ **NO**
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

| | |
|------------------------|-------|
| _____ | _____ |
| SIGNATURE OF APPLICANT | DATE |