



**SPECIAL EVENT APPLICATION**

INCEPTION      EXPIRATION      AGENT NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT NAME / MAILING ADDRESS      LEGAL STATUS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INDIVIDUAL       JOINT VENTURE  
 PARTNERSHIP       OTHER  
 CORPORATION

ADDRESS OF EVENT / DESCRIBE LOCATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVERAGE INFORMATION

Limits of Liability Desired? \$ \_\_\_\_\_

1. **Description of event** (attach any flyers, brochures, etc.): \_\_\_\_\_  
\_\_\_\_\_

Maximum daily attendance: \_\_\_\_\_ Length of event: \_\_\_\_\_ No. of Participants: \_\_\_\_\_

Setup/Takedown days: \_\_\_\_\_

2. **Event will be held:**     Indoors     Outdoors

3. **Crowd control type:**    Number ushers \_\_\_\_\_  
Private security:     Armed     Unarmed      Off duty police:     Armed     Unarmed

Police    Guard dogs    Other (describe): \_\_\_\_\_

4. **Applicant's experience** in conducting events of this or similar nature (number, dates, etc.): \_\_\_\_\_  
\_\_\_\_\_

5. **Entertainment:** Will live entertainment be provided?     Yes     No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

If a concert, type of music:     classical     jazz     rap       blue grass     country/western  
 gospel     R&B     alternative     hard rock     heavy metal  
 hip hop     gothic     other (describe): \_\_\_\_\_

If fireworks are planned, is pyrotechnician licensed?     Yes     No

Distance between fireworks staging area and audience?     Yes     No

Spectators allowed in fireworks staging area?     Yes     No

6. **Traffic Control:** Who is responsible for crowd and traffic control? \_\_\_\_\_

Are parking areas smooth with clearly marked parking areas and exit roads?  Yes  No

Is parade route able to handle size and height of floats and are cross streets barricaded?  Yes  No

7. **Food & Liquor:** Will food be provided?  Yes  No By whom? \_\_\_\_\_

Is liquor to be served by applicant?  Yes  No

If yes, explain: \_\_\_\_\_

Does applicant want:  Host Liquor  Liquor Liability (available in selected states only)

Is liquor to be served by others?  Yes  No

If yes, do they have Liquor Liability coverage?  Yes  No

8. **Rides:** Will rides be provided?  Yes  No

If yes, type of rides: \_\_\_\_\_

Will ride operators hold applicant harmless?  Yes  No

Rides inspected?  Yes  No

Do rides have signs clearly marking age, height, and size limitations?  Yes  No

9. **First Aid:** Will first aid facilities be provided at the event?  Yes  No

If yes, describe: \_\_\_\_\_

If yes, who will be in charge of the facilities?  Doctors  Nurses  Others: \_\_\_\_\_

10. **Bleachers:** Will bleachers or platforms be used:  Yes  No

A.  Premanent  Portable

B. Construction:  wood  steel  concrete

C. Height: \_\_\_\_\_ feet

D. Age: \_\_\_\_\_ years

E. Back and side railings provided:  Yes  No

F. Condition of bleachers (describe): \_\_\_\_\_

11. **Does event involve:**  
(If none, check )

Hazard	Interest of Sponsor	Applicant Operator
<input type="checkbox"/> Fireworks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Amusement rides or devices	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Food sales	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alcoholic beverage sales	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inflatables	<input type="checkbox"/>	<input type="checkbox"/>

A. If applicant is sponsored, does operator have liability insurance:  Yes  No

Limits \$ \_\_\_\_\_ Name of company \_\_\_\_\_

B. Have certificates of insurance been obtained from operator?  Yes  No

12. **Hold Harmless Agreements:** (If answer to A or B is yes, attached copies of contracts)

A. Does applicant agree to hold harmless any third party?  Yes  No

B. Is applicant held harmless by others?  Yes  No

13. **Additional Insured(s):** \_\_\_\_\_

Address: \_\_\_\_\_

Interest of A/I? \_\_\_\_\_

14. **Loss experience** from prior events of same or similar nature: (attach additional sheets if necessary to explain).

If none, please state "none".

Date	Nature of loss	Amount paid or outstanding
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date