

# Special Event Liability Insurance Request for Quotation

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As special events vary, some questions may not be applicable. Please indicate "N/A" where necessary.

## Section 1. General Information

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Dates and Times of Event \_\_\_\_\_

\_\_\_\_\_

Name of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Does the Facility Carry Liability Insurance?  Yes  No

Estimated Daily Attendance \_\_\_\_\_

Estimated Total Gross Receipts (\$) \_\_\_\_\_

Description of Event \_\_\_\_\_

\_\_\_\_\_

## Section 2. To Be Completed if Event Includes Alcohol

Provide Copies of any Marketing or Advertising Documents

Is Liquor to be Sold at this Event?  Yes  No

May Patrons Bring their own Liquor?  Yes  No

Total Estimated Alcohol Receipts per Day (\$) \_\_\_\_\_

Estimated Number of Attendees Consuming Alcohol Daily \_\_\_\_\_

Is Applicant the Sole Vendor of Alcohol at the Event?  Yes  No

If No, Please List Number of Vendors Serving Alcohol \_\_\_\_\_

Are all Participating Alcohol Vendors Required to Carry Liquor Liability Insurance?  Yes  No

Is a Liquor License Required for the Event?  Yes  No

Will Alcohol be dispensed by a Professional Bartender?  Yes  No

Describe Training and/or Experience of Persons Serving Alcohol \_\_\_\_\_

\_\_\_\_\_

What Preventive Measures Exist to Prevent Service of Alcohol to Minors and/or Intoxicated Persons? \_\_\_\_\_

Has the Applicant Received any Fines or Citations in the Last 5 Years?  Yes  No

### Section 3. To Be Completed if Event Includes Musical Entertainment

Provide Copies of any Marketing or Advertising Documents.

Names of Bands or Performers \_\_\_\_\_

Types of Music \_\_\_\_\_

Who is Responsible for Stage Construction? \_\_\_\_\_

### Section 4. To Be Completed if Event Includes a Parade

Provide a Copy of the Parade Route

Has the Parade Route been approved by the Local Authorities?  Yes  No

Will the Parade Route be secured by Police?  Yes  No

Are Parade Participants Permitted to Throw Objects?  Yes  No

Objects to be Thrown \_\_\_\_\_

### Section 5. To Be Completed if Event Includes Athletics

Provide Copies of Participant Enrollment Forms

Number of Estimated Athletic Participants per Day \_\_\_\_\_  Adult  Youth

Will Athletic Participants Sign Waivers and/or Release of Liability Forms?  Yes  No

### Section 6. To Be Completed if Event Includes Tractor Pulls, Demolition Derbies or Rodeos

Provide Diagram of Event Facility

Is the Event Location Specifically Designed for this Activity?  Yes  No

Are Barriers in place to Ensure Spectator Safety?  Yes  No

What is the Distance Between Barriers and Spectators? \_\_\_\_\_

Will the Event Include Spectator Participation?  Yes  No

### Section 7. To Be Completed if Event Includes Inflatable or Amusement Devices

Provide Description of Each Amusement Item

Does the Amusement Device Provider have Liability Insurance?  Yes  No

- Are the Amusement Device Operators provided Manufacturer's Operating Manuals?  Yes  No
- Are the Amusement Device Operators at least 19 Years of Age?  Yes  No
- Do the Amusement Device Operators Test Equipment Prior to Day of Use?  Yes  No
- Do the Amusement Device Operators Monitor for Patron Alcohol Use?  Yes  No
- Will there be a Mechanical Bull Device?  Yes  No
- Will there be a Zip Line?  Yes  No

### Section 8. To Be Completed by All Applicants

- How Many Vendors will be Present? \_\_\_\_\_
- Does Each Vendor have Liability Insurance?  Yes  No
- Who is Responsible for Providing Security? \_\_\_\_\_
- Is Security Armed or Unarmed?  Armed  Unarmed
- Are Fireworks or Pyrotechnics Involved in the Event?  Yes  No
- Will there be Overnight Camping?  Yes  No
- If Displaying Vehicles, will Vehicles Remain Stationary?  Yes  No
- Does the Applicant have a Risk Management Plan?  Yes  No
- Has Prior Insurance ever been cancelled?  Yes  No
- Have Claims Been Filed in the Past?  Yes  No

### Section 9. Additional Insureds

#### Additional Insured Entity #1

- Name of Applicant \_\_\_\_\_
- Address of Applicant \_\_\_\_\_
- Relationship  Landlord  Venue  Event Operator  Franchisor/Franchise Owner
- Independent Contractor  Other (specify) \_\_\_\_\_
- Add Primary and Non-Contributory Clause
- Add Waiver of Subrogation

#### Additional Insured Entity #2

- Name of Applicant \_\_\_\_\_
- Address of Applicant \_\_\_\_\_
- Relationship  Landlord  Venue  Event Operator  Franchisor/Franchise Owner
- Independent Contractor  Other (specify) \_\_\_\_\_
- Add Primary and Non-Contributory Clause
- Add Waiver of Subrogation

**Section 9. Additional Insureds (continue)**

**Additional Insured Entity #3**

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

- Relationship  Landlord  Venue  Event Operator  Franchisor/Franchise Owner  
 Independent Contractor  Other (specify) \_\_\_\_\_  
 Add Primary and Non-Contributory Clause  
 Add Waiver of Subrogation

**Additional Insured Entity #4**

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

- Relationship  Landlord  Venue  Event Operator  Franchisor/Franchise Owner  
 Independent Contractor  Other (specify) \_\_\_\_\_  
 Add Primary and Non-Contributory Clause  
 Add Waiver of Subrogation

**Section 10. Acknowledgements and Signatures**

- a. **Fraud Warning** 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 there to, commits a fraudulent insurance act, which may be a crime.
  
- b. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

\_\_\_\_\_  
Signed for the Proposed Policyholder

\_\_\_\_\_  
Signed by Licensed Agent

\_\_\_\_\_  
Agency Name and License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Phone Number

\_\_\_\_\_  
Agent E-mail Address

\_\_\_\_\_  
Agency Mailing Address