

SPECIAL EVENTS APPLICATION

SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Copy of Waiver & Release
- Event Brochure(s) and/or Event Marketing Material(s)
- Copies of all facility/venue agreements and/or subcontractor agreements
- *If the Event is primarily sports/athletic related, complete the Sports Special Event Supplemental*

GENERAL INFORMATION

Full Named Insured:						
Mailing Address:				City:	State:	Zip:
Physical Address:				City:	State:	Zip:
Entity Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	
Email:						
Phone:			Number of years event has been held*:			
<i>*If less than 3 years, provide Applicant resume.</i>						
Requested Coverage Dates						
From: Click or tap to enter a date.			To: Click or tap to enter a date.			
If coverage for setup and teardown of the event is needed, please advise:						
Set-up Date(s):			Teardown Date(s):			

RECEIPTS

Provide breakdown of receipts.

	Upcoming Year	Prior Year
Tickets/Admissions	\$	\$
Liquor *	\$	\$
Food/Beverage (excl Liquor)	\$	\$
Parking	\$	\$
Other **	\$	\$
Total Gross Receipts	\$	\$
<i>*If liquor is served, advise the entity responsible for obtaining the liquor permit:</i>		
<i>**If Other Receipts, describe:</i>		

UNDERWRITING INFORMATION

Applicant is: <input type="checkbox"/> Event Host <input type="checkbox"/> Event Promoter <input type="checkbox"/> Event Sponsor <input type="checkbox"/> Event Co-Promoter <input type="checkbox"/> Facility <input type="checkbox"/> Other (describe):				
Name of Event:				
Event Location:				
Venue is: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor				
Venue Type: <input type="checkbox"/> Convention Center <input type="checkbox"/> Stadium <input type="checkbox"/> Arena <input type="checkbox"/> Fairgrounds <input type="checkbox"/> Other (describe):				
Venue Capacity:		Event Hours: <input type="checkbox"/> AM <input type="checkbox"/> PM to <input type="checkbox"/> AM <input type="checkbox"/> PM		
<i>Advise Event Type:</i>				
<input type="checkbox"/> Auction	<input type="checkbox"/> Festival	<input type="checkbox"/> Motor Vehicle Race		
<input type="checkbox"/> Beauty Pageant/Fashion Show	<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Parade		
<input type="checkbox"/> Beer Garden/Beer Tent	<input type="checkbox"/> Individual Vendor Booth	<input type="checkbox"/> Party/Social Event		
<input type="checkbox"/> Concerts	<input type="checkbox"/> Meeting/Luncheon	<input type="checkbox"/> Picnic		
<input type="checkbox"/> Competition or Shows	<input type="checkbox"/> Musical/Theatrical Performance	<input type="checkbox"/> Sporting Event/Tournament		
<input type="checkbox"/> Conventions/Trade Show/Exhibit	<input type="checkbox"/> Motor Vehicle Show	<input type="checkbox"/> Wedding/Wedding Reception		
<input type="checkbox"/> Other (describe):				
Number of Daily Participants:		Number of Daily Spectators:		
Number of Volunteers:		Total Number of Participants/Spectators:		
Age of Participants:		Admission Fee: \$		
<i>Advise who is responsible for the following:</i>				
	Applicant	Facility Owner	Subcontractor	N/A
Building Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatables/Amusements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lodging/Overnight Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merchandise/Gift Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staging/Equipment/Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation/Shuttles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Answer the following with regards to contracts and certificates of insurance with subcontractors and vendors:</i>				
	Applicant	Sub/Tenant	Mutual	N/A
a. Hold Harmless/Indemnification wording is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Additional Insured status is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COI showing at least \$1M liability limit required by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all subcontractors/vendors required to provide proof of insurance and name Applicant as an Additional Insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of seating: <input type="checkbox"/> Reserved Seats <input type="checkbox"/> General Admission <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary				
Seating Capacity:				
<i>Advise if there are any of the following:</i>				
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Rodeos		
<input type="checkbox"/> Amusement/Mechanical Rides	<input type="checkbox"/> Haunted House	<input type="checkbox"/> Tattooing / Body Piercing		
<input type="checkbox"/> Animal Rides	<input type="checkbox"/> Hayrides	<input type="checkbox"/> Temporary Staging/Construction		
<input type="checkbox"/> Athletics / Sports	<input type="checkbox"/> Inflatables	<input type="checkbox"/> Tractor Pulls		
<input type="checkbox"/> Balloon Rides	<input type="checkbox"/> Mechanical Devices	<input type="checkbox"/> Water Hazards		
<input type="checkbox"/> Childcare	<input type="checkbox"/> Motorsports	<input type="checkbox"/> Other (describe):		
<input type="checkbox"/> Circus	<input type="checkbox"/> Overnight Accommodations / Camping			
<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Petting Zoos			

EVENT INFORMATION

Complete the following sections applicable to the event.

Athletic/Sports* (i.e. 5K as part of a larger event) <input type="checkbox"/> N/A	
<i>*If the athletic/sports activity is the predominant exposure, complete the Sports Special Event Supplemental)</i>	
Describe athletic event:	
Participants are: <input type="checkbox"/> Professional <input type="checkbox"/> Amateur	
Are all participants (and parent/guardian for minors) required to sign a Waiver and Release prior to participating in the event?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Provide copy of participant Waiver and Release.</i>	
<u>Concert or Musical/Theatrical Performance</u> <input type="checkbox"/> N/A	
Name of performer(s):	
Type of music/performance:	
Performers are: <input type="checkbox"/> Local <input type="checkbox"/> National	
If there will be any pyrotechnics or special events, please advise:	

Motor Vehicle Races and Tractor Pulls		<input type="checkbox"/> N/A
Is the Venue designed specifically for this type of activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are metal or concrete barriers in place to ensure spectator safety?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>*If no, describe barriers:</i>		
Are the barriers permanent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How high are the barriers?		
What is the distance between the barriers and spectators?		
Are spectators ever permitted in the pit or infield area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the event feature audience participation (i.e. calf scrambles)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this an off road, trail run, mud run or obstacle event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor Vehicle Show		<input type="checkbox"/> N/A
Do vehicles remain stationary throughout the show with the engines off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the event feature burnouts, drag races or flame throwing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parade		<input type="checkbox"/> N/A
Length of route:		
Has parade route been approved by local authorities and will route be secured by police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are parade participants permitted to throw souvenirs, candy, or other items into the crowd?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIFE SAFETY

Indicate any Fire Protection in place:		
<input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinklered Facility <input type="checkbox"/> Alarm-Central Station <input type="checkbox"/> Alarm-Local		
Closed-circuit surveillance cameras?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any medical facilities provided?*		
<i>*If yes, who provides?</i> <input type="checkbox"/> City Paramedics <input type="checkbox"/> Venue Staff <input type="checkbox"/> Contracted Service		
Is at least one (1) Automated External Defibrillator on-site?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>*If yes, are staff members trained to use it?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Applicant have backup emergency lighting and/or emergency generators in the event of a power failure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evacuation/egress plan arranged with civil authorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Applicant have an emergency evacuation plan in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are evacuation procedures and floor plans posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exits clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are parking lots well-lit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Outdoor Venue:		
Weather monitoring system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there fencing around the perimeter? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECURITY

If Applicant uses security, complete the following section.

Is there a written training/safety manual in place? <i>*If yes, are all individuals who work in a security capacity required to provide written acknowledgment of the manual's policies?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is responsible for security? <input type="checkbox"/> Employees <input type="checkbox"/> Contracted Service/3 rd Party Security Company <input type="checkbox"/> Police <input type="checkbox"/> Venue	
If Applicant uses <u>Employed Security</u> , advise training and/or licensing requirements: Does Applicant perform background checks on all employed security? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please advise:</i>	
If Applicant uses <u>Contracted Service/Security Company</u> , what limit of liability does the Applicant require? \$ Is the Security Company required to name Applicant as an AI and provide COI? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the security contract require the Security Company to hold Applicant harmless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Security Armed?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, does Applicant and/or third party perform background checks on all armed security?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate any other equipment carried or routinely available to security personnel: <input type="checkbox"/> Dogs <input type="checkbox"/> Flashlights <input type="checkbox"/> Handcuffs <input type="checkbox"/> Nightstick <input type="checkbox"/> Taser/Phaser <input type="checkbox"/> Other (explain):	
Advise maximum security-to-patron ratio: 1 Security to _____ Patrons	

ABUSE OR MOLESTATION

If Abuse or Molestation coverage is requested, please complete the following section.

Does Applicant have custodial responsibility of minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant conduct any overnight operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Identify the following hiring practices in place:</i>	
Employment applications required for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
Reference Checks required for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
Criminal & Sexual Offender records checked for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
In-Person Interview required for:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers
Do any current staff or volunteers have any prior abuse or sexual convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a formal, written Abuse Prevention Program in place?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, provide a copy. *If yes, does it include a supervision plan to monitor staff in day-to-day relationships with patrons?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Applicant ever had an incident which resulted in an allegation of sexual abuse or molestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HIRED & NON-OWNED AUTO

If Commercial Auto and/or Hired & Non-Owned Auto (HNOA) coverage is requested, please complete the following section.

Does Applicant rent/lease vehicles to others?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
*If Yes, provide a List of Vehicles rented and a copy of the rental contract used.				
If HNOA is requested, please provide the following:				
Annual Cost of Hire: \$	Confirm Driver MVRs are screened: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

LOSS INFORMATION

Please explain any losses over \$25,000 (use an additional sheet if necessary).

1.
2.
3.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Signature of Insured

Title

Click or tap to enter a date.

Date