

Event Start Date: _____ Event End Date: _____

Event Start Time: _____ Event End Time: _____
 AM PM AM PM

If hours vary by date, please describe: _____

Coverage Start Date: _____ Coverage End Date: _____

If event date(s) differ(s) from coverage dates, please explain: _____

Number of years event has been previously held: _____

If Concert, type:

- Classical Comedy Contemporary Country Gospel/Jazz
 Opera Orchestra R&B Rock Symphony

Is Seating Assigned? Yes No Is Live Music part of event? Yes No

If Yes, what Type of Music? _____

If Concert and/or Live Music event, please provide Name(s) of Performer(s)/Entertainer(s):

Does the Event include a Parade? Yes No If Yes: # of Units (Marching Band, float, car is 1 unit): _____ # Floats: _____

Anything thrown from float? Yes No If Yes, describe: _____

Length of Parade (blocks): _____ Length of Parade (time): _____ Est. # Spectators: _____

If Sporting Event, please describe: _____
(excludes Participants)

Est. # Spectators: _____

Is Food offered at the Event? Yes No If Yes, Served by: Insured Other Not Applicable

Sales: _____

Is Liquor offered at the Event? Yes No If Yes, who is responsible for serving/holds liquor permit?: _____
(Provide details nxt. pg.)

Is there a charge for admission? Yes No If Yes, indicate cost per person: _____

Is this event part of a larger function? Yes No If Yes, please describe: _____

Max. Daily Attendance: _____ Total Attendance: _____ Total Volunteers: _____

Avg. Age of Attendees is: _____ Event is: Private Open to the Public

Vendors/Exhibitors:

Total #: _____ Food & Beverage: _____ Arts & Crafts: _____ Other #: _____

Will the Event feature any of the following activities?

- | | | | |
|--|--|--|--|
| Rodeos | <input type="checkbox"/> Yes <input type="checkbox"/> No | Animals (other than pet contests/shows) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mechanical amusement rides
owned/operated by you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Skating at permanent or temporary park/rink | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Care Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Aircraft | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fireworks discharged by you | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cattle drives or trail rides | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Motorized watercraft | <input type="checkbox"/> Yes <input type="checkbox"/> No | Camping/lodging | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Motor Sports | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year round exposures not typical to a festival | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do you have certificates of insurance naming your organization as additional insured from the following subcontractors?

- | | | | |
|-------------------------|---|----------------------|---|
| Amusement Ride Operator | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Pyrotechnician | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Motor Sports Events | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Trams, buses, movers | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

VENUE INFORMATION (answer as applicable to the Event(s) named under Event Information)

Name: _____ City: _____ State: _____

Venue Contact Name: _____

Phone: _____ Venue Website: _____

- Type: Private Residence Stadium Convention Center Fair Grounds
 Arena Indoor Outdoor Liquor-Licensed Establishment

Does facility require a contract for usage? Yes No If Yes, provided a copy of contract(s).

Seating Structure: Permanent Temporary Not Applicable

If Temporary, name of installation firm: _____

Seating Type: Bleacher Stadium Folding Chairs

Seating Capacity: _____

Staging Present: Yes No

Provided by: Insured Subcontractor Venue

Is the Applicant an Additional Insured? Yes No

Temporary Lights Provided: Yes No

Provided by: Insured Subcontractor Venue

Is the Applicant an Additional Insured? Yes No

Parking Provided by: Insured Other

Auto Liability Required: Yes No

Ushers: Yes No

Security Available: Yes No

Security Type: Armed Unarmed Not Applicable

Contracted by: Insured Facility # of Security Personnel: _____

BROKER INFORMATION

Company Name: _____

Contact Name: _____

Mailing Address: _____

City State Zip Code

Phone () _____ Fax () _____ E-mail _____

Do you have E&O Insurance? Yes No (Proof of E&O Insurance required to bind coverage.)

Is the Agency/Brokerage Licensed? Yes No (Proof of Licensure required to bind coverage.)

LIQUOR LIABILITY

Quotation Required Quotation Not Required
(Complete this section if previously answered "yes" to liquor being served at the event.)

Is the Applicant the only vendor of alcohol at this event? Yes No

If No, list name(s) of other vendor(s) : _____

Are all the participating alcohol vendors required to carry minimum Liquor Liability Limits for the Event? Yes No

If Yes, what is the minimum requirement? _____

Will alcohol be dispensed by a Professional Bartender? Yes No

If No, describe how and by whom alcohol will be dispensed: _____

Describe training and/or experience of persons serving alcohol: _____

What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons? _____

Is a Liquor License required for this event? Yes No

Does the Applicant have a valid Liquor License? Yes No

Number of bars or areas at which alcohol will be dispensed at the Event? _____

Is alcohol consumption confined to these areas? Yes No

If No, please provide details: _____

Will there be an open bar? Yes No

Will alcohol be sold by the drink? Yes No Cost per drink: _____

Is BYOB(Bring your own bottle) allowed? Yes No

Estimated alcohol gross receipts per day: _____

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: 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.

DECLARATION

Print Name of Applicant: _____ Title: _____

Applicant's Signature: _____ Date: ____ / ____ / ____

Broker's Signature: _____ Date: ____ / ____ / ____