

Section 1 – Company Information:

Applicant / Company: _____

Mailing address: _____

Company contact: Name _____ Phone _____

Email address: _____

Company website: _____

What type of services do you provide: _____

Section 2 - Type of Coverage:

Length of event: ___ Single Event ___ Annual

Limits Liability ___ \$1,000,000 ___ \$2,000,000 ___ \$3,000,000 ___ \$4,000,000

Excess: ___ \$1,000,000 ___ \$2,000,000 ___ \$3,000,000 ___ \$4,000,000

Inland Marine: ___ No ___ Yes (if yes please complete Inland Marine supplemental)

Liquor Liability ___ No ___ Yes (if yes please complete Liquor Liability supplemental)
(Host liquor is included)

Section 3 - Event

Name of the Event: _____

Address of the Event: _____

Event date Start ___/___/____ thru ___/___/____

Description of event: _____

Event Website: _____

What are the applicant's responsibilities for this event: _____

Location of event: ___ Indoors ___ Outdoors ___ Both

Section 4 - Event Data:

What is the maximum capacity of the event: _____

What is the price of admission _____

What is the estimated attendance _____ Days X _____ Daily Attendance = _____

What is the estimated gross receipts _____

What is the estimated payroll for the event _____

What is the number of printed tickets for the event _____ None

What is the number of pre-sold tickets _____ None

Is the event general admission _____ Yes _____ No

Section 5 - Event History:

Has this event been held in the past _____ No _____ Yes

(if yes when) _____

Has the insured had any prior losses or claims in the past _____ No _____ Yes

(if yes when) _____

Section 6 – Parking:

Who is responsible for parking: _____ Venue _____ Applicant _____ Other _____

Section 7 - Seating:

is there seating at the event: _____ Yes _____ No

(If yes) is seating: _____ Temporary _____ Permanent Construction

Section 8 - Staging:

Will there be a stage at this event: _____ No _____ Yes

If yes; Is the stage _____ Permanent construction _____ Temporary

If the stage is temporary; Who is setting up the stage _____

Section 9 - Lighting

Is there lighting at this event: ___ No ___ Yes

Who is responsible for set up and teardown of the lighting: ___ Applicant ___ Other

If other; name of company providing lighting services _____

If other will the lighting company provide the applicant a certificate of insurance naming the event as an additional insured ___ Yes ___ No

Section 10 - Temporary Tents:

Will there be Temporary Tents used at this event ___ Yes ___ No

If yes; who will provide the set up and tear down of the tents: ___ Applicant ___ Other

If other; will the supplier who is setting up and tearing down of the tents provide the applicant a copy of a certificate of insurance naming the applicant and the event. ___ Yes ___ No

Section 11 - Vendors:

Will the event have any vendors: ___ Yes ___ No

What types of vendors will the event have ___ Food ___ Retail ___ Wholesale

Are all goods sold by the vendors Finished goods ___ Yes ___ No

Is there cooking demonstration at the event ___ Yes ___ No

Will all vendors have their own insurance ___ Yes ___ No

Section 12 – Security

Who is responsible for security ___ Applicant ___ Venue ___ Other

 If other than applicant is a certificate of insurance provided ___ Yes ___ No

 Will there be armed security at the event ___ Yes ___ No

 Will there be any K9 or horse patrols ___ Yes ___ No

 Will there be security have vehicles at the event: ___ Yes ___ No

Section 15 - Liquor

Will there be any liquor at this event; ___ Yes ___ **No if no skip this page**

Who is selling or providing the Liquor? ___ Applicant ___ Vendor ___ Venue

If other than the applicant, is a certificate of insurance provided? ___ Yes ___ No

If other than the applicant, is applicant named as additional insured ___ Yes ___ No

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 Minimum Liquor Liability Limits for this Event? ___ Yes ___ No

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 Service of Alcohol to Minors and/or Intoxicated Persons?

Is a Liquor License Required for this Event? ___ Yes ___ No

Does Application have a Valid Liquor License? ___ Yes ___ No

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

If Yes, Please Describe: _____

Has the Applicant had a Liquor Loss in the Last 5 Years? ___ Yes ___ No

If Yes, Please Describe: _____

Number of Bars or Areas at which Alcohol will be dispensed at this Event: _____

Is Alcohol Consumption Confined to a secured area? ___ Yes ___ No

If No, Please Describe _____

Will there be an Open Bar? ___ Yes ___ No

Will Alcohol be sold by the Drink? ___ Yes ___ No

Cost per Drink _____

Is BYOB Permitted? ___ Yes ___ No

Total Estimated Gross Alcohol Receipts for the Event \$ _____

Section 16 - Schedule of Shows (complete if more than 1 scheduled show)

Date: __/__/__ - __/__/__

Event Name: _____ Est. Attendance _____

Event Address: _____

Date: __/__/__ - __/__/__

Event Name: _____ Est. Attendance _____

Event Address: _____

Date: __/__/__ - __/__/__

Event Name: _____ Est. Attendance _____

Event Address: _____

Date: __/__/__ - __/__/__

Event Name: _____ Est. Attendance _____

Event Address: _____

Date: __/__/__ - __/__/__

Event Name: _____ Est. Attendance _____

Event Address: _____

Section 17 - Additional Insured's

1. Name: _____

Address:

Relationship: _____

2. Name: _____

Address:

Relationship: _____

Section 18 - additional items that may be required:

____ *Please attach a list of the music artists' names

____ *Please provide copy of vendor contract including the insurance requirements

____ *Please attach a list of prior events over the past 5 years

____ *Please attach page 8 if applying for annual or if scheduling future event dates

____ *Please attach the Premium and Loss Experience for the past 5 years.

____ *Please describe any Losses over \$5,000.00 on a separate word document

____ *Please attach all Lease and Hold Harmless agreements, Brochures of the event and a Diagram of location(s) to be Used.

I _____ understand and agree this 7 page application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

Signature of Applicant

____/____/_____
Date