

1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____
2. Location where event is to take place:
Street _____
City _____ State _____ Zip _____
3. Applicant is: Individual Corporation
 Partnership Other (Explain) _____
4. Applicant's interest in this event? _____
5. Purpose of event? (e.g. money raiser for charity) _____
6. Names of other individual(s) or group(s) taking part in or sponsoring this event? * _____
7. Event(s) will take place Indoors Outdoors
8. Date(s) event(s) will take place? _____
9. Has this event taken place before? Yes No
If yes, what was the attendance? _____
10. Has this applicant had previous insurance for this or any similar event? Yes No
(If yes, please complete the following.)

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage

11. Give description of this event and participants: * _____

12. If this is a concert, who will be performing? * _____

- 12a. Total number of days the event will take place? _____ Admission price per person? \$ _____
Number of spectators anticipated per day? _____ Number of participants? _____
13. What type of seating will be provided? _____
14. Seating is: Reserved General Admission

* If additional answer space is needed, please attach separate sheet.

- 15a. Describe the type of security provided: _____

- 15b. Name of insurance carrier covering security guards? _____ Limits? _____
16. Describe type of products sold or displayed by concessions: _____
Will alcohol beverages be sold? _____ Yes No
By applicant or independent vendor? _____
Will Liquor Liability coverage be obtained? Yes No If yes, limits? _____
17. Will certificates of insurance be required from all concessionaires? Yes No
Are you named as an additional insured? Yes No
What limits do you require? _____
- 18a. If there will be a fireworks display, describe all safety precautions. _____

- 18b. Name of licensed pyrotechnician? _____
19. Give name of person or organization putting on fireworks display. They must provide certificates of insurance showing limits equal to or exceeding the ones being applied for in this application.

20. Describe any electrical or stage construction work performed by or for the proposed insured:* _____

21. Describe any animals being used or on display:* _____

22. Describe any participation by spectators:* _____

23. Describe all mechanical rides:* _____

Do amusement ride operators carry own insurance? Yes No
If so, at what limits? _____ Do you require certificates of insurance from all operators? Yes No
24. Describe distance and protection between spectators and participants:* _____

25. LIMITS OF INSURANCE REQUESTED
General Aggregate Limit (Other than Products-Completed Operations) \$ _____
Products-Completed Operations Aggregate Limit \$ _____
Personal and Advertising Injury Limit \$ _____
Each Occurrence Limit \$ _____
Fire Damage Limit (up to \$50,000 limit available) \$ _____ any one (1) fire
Medical Expense Limit (up to \$1,000 limit available) \$ _____ any one (1) person
Each Professional Incident Limit (if applicable) \$ _____

Applicant's Signature: _____

Title: _____ Date: _____

Producing Agent: _____

* If additional space is needed, please attach separate sheet.