



ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

TYPE OF EVENT

- Beer Garden/Beer Tent, Car Show, Concerts/Musical Performance, Conventions/Trade Show/Exhibit, Festival, Fund Raiser, Motor Vehicle Race/Show, Competition or Show, Parade, Party/Social Event, Individual Vendor Booth, Picnic, Sporting Event/Tournament, Wedding/Wedding Reception, Other (describe)

GENERAL INFORMATION

- 1. Name of Applicant, Mailing Address, Describe Applicants Role and Responsibility in Event
2. Name of Additional Insured, Mailing Address, Additional Insured's Interest in Event
3. Location of Event (name & address), Will the event take place on the applicant's premises?, Location is: Private Residence, Convention Center, Arena, Liquor-Licensed Establishment, Stadium, Fair Grounds, Indoors, Outdoors, Other (describe)
4. Dates of Event, Desired Coverage Date(s), If event date(s) differs from desired coverage date(s), explain, Is set-up and take-down coverage needed for additional dates?, Would you like to include a rain date?
5. Hours of Event: From: am/pm To: am/pm If Hours vary by Date, describe:
6. Full Schedule/Description and Purpose of Event, Is this part of a larger function?
7. Will there be any Entertainment?
8. Is there an Admission Charge?
9. ESTIMATED TOTAL ATTENDEES PER DAY, Average Age of Attendees, If applicant is an individual exhibitor/vendor, what is the estimated attendees per day anticipated to visit their booth?, Attendance is: by Invitation Only, Open to the Public, What is the Maximum Capacity of Facility holding Event?
10. Coverage Desired: Commercial General Liability & Liquor Liability, Commercial General Liability Only, Liquor Liability Only
11. Limits of Coverage Desired:

HISTORY

- 12. Number of Years Event has been Previously Held:
13. Actual Total Attendance for Prior Year's Event:
14. Previous Carrier: Policy Number and Premium:
15. Losses or Claims during the Past Five Years:

**LIQUOR LIABILITY**

16. ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY \_\_\_\_\_
17. a. Is Applicant Sole Vendor of Alcohol at Event?  Yes  No If No, List Number of Other Vendors Serving Alcohol \_\_\_\_\_  
 b. Are all Participating Alcohol Vendors Required to Carry Minimum Liquor Liability Limits for the Event?  Yes  No  
 If Yes, What is the Minimum Requirement? \_\_\_\_\_
18. a. Will Alcohol be dispensed by a Professional Bartender?  Yes  No  
 If No, Describe how and by whom Alcohol will be dispensed: \_\_\_\_\_  
 \_\_\_\_\_  
 b. Describe training and/or experience of persons serving alcohol: \_\_\_\_\_  
 c. What measures are in place to prevent service of alcohol to minor and/or intoxicated persons? \_\_\_\_\_
19. If required, does applicant have a valid liquor license?  Yes  No  Not Required
20. a. Number of Bars or Areas at which Alcohol will be Dispensed at the Event? \_\_\_\_\_  
 b. Is Alcohol Consumption Confined to this (these) Area(s)?  Yes  No If No, Describe \_\_\_\_\_  
 c. Will there be an Open Bar?  Yes  No  
 d. Will Alcohol be sold by the Drink?  Yes  No  
 If yes, Cost Per Drink \_\_\_\_\_  
 e. Is BYOB (Bring Your Own Bottle) or Self-Service of alcohol permitted?  Yes  No
21. Will Food be Sold or Served?  Yes  No If Yes, Describe Type of Food Available? \_\_\_\_\_
22. a. Estimated Gross Food Receipts per day: \_\_\_\_\_ b. Estimated Gross Alcohol Receipts per day: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY**

23. Will event feature any of the following:
- a. Rides, mechanical devices, rebounding devices (ie: moon bounce, rock climbing wall or trampolines)?  Yes  No  
 Explain which type: \_\_\_\_\_  
 If yes, can a Certificate of Insurance be obtained for this exposure at the event?  Yes  No
- b. Petting zoo or animal rides?  Yes  No  
 If yes, can a Certificate of Insurance be obtained for this exposure at the event?  Yes  No
- c. Firearms or Fireworks?  Yes  No
- d. Overnight camping?  Yes  No
- e. Dunk Tanks?  Yes  No
- f. Are there any water hazards present?  Swimming Pool  Lake  Pond  Other \_\_\_\_\_
24. a. Will there be individual exhibitors, booths or vendors at the event?  Yes  No  
 b. If Yes, are they required to carry their own insurance?  Yes  No c. What limit is required? \_\_\_\_\_
25. a. Describe SECURITY Measures: \_\_\_\_\_  
 b. Is Security provided by:  Independent Contractors  Employees of Applicant  On-Duty Police  
 c. If Security is provided by independent Contractors, are they required to carry their own insurance?  Yes  No
26. If a MUSICAL EVENT:
- a. Name(s) of Performer(s): \_\_\_\_\_  
 b. What type of music? \_\_\_\_\_ c. Is this a  local or  national performer?  
 d. Is dancing permitted?  Yes  No e. Are performers required to carry their own insurance?  Yes  No
27. If Event is a PARADE, what is:
- a. Number of Floats \_\_\_\_\_ b. Number of Marching Units \_\_\_\_\_  
 c. Length of Parade \_\_\_\_\_  
 d. Will participants be throwing objects into the crowd? (ie: candy, etc.)  Yes  No
28. If ATHLETIC EVENT, give:
- a. Number of Games \_\_\_\_\_ b.  Professional? or  Amateur? c. Type of Events? \_\_\_\_\_  
 d. Is Athletic Participants Coverage Desired?  Yes  No If yes, Decline.
29. If Event is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW:
- a. What type of barriers are in place to ensure spectator safety? \_\_\_\_\_  
 b. Are the barriers permanent?  Yes  No  
 c. What is the distance between the barriers and spectators? \_\_\_\_\_  
 d. Are spectators ever permitted in the pit or infield area?  Yes  No
30. Will there be temporary erected bleachers or grandstands?  Yes  No

**FRAUD STATEMENT:** 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.

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAMED INSURED AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_