



SPECIAL EVENTS APPLICATION

First Named Insured: _____

Mailing Address: _____

Effective Date Desired: _____ Term Desired: _____

LIMITS REQUESTED:

General Aggregate Limit	\$ _____
Products-Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury Limit	\$ _____
Each Occurrence Limit	\$ _____
Damage to Premises Rented to You Limit	\$ _____
Medical Payments Limit	\$ _____

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS					
Year	Carrier/ Premium	Coverage	# Losses	Amount	Description of Losses

Missouri Applicants: DO NOT answer this question.
 Has insurance of this type been cancelled, refused or non-renewed by any company during the past 3 years? No Yes

If so, give name of company, date, and reason:

UNDERWRITING INFORMATION

Additional Insured(s) required? Yes No

Provide name and describe interest:

- 1) _____
- 2) _____
- 3) _____

Location of Primary Event:

Street	City	Country	State	Zip Code
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Provide a complete description of all events including locations and dates:

Hours of event: From: _____ To: _____

Will first aid services be available? Yes No

If yes, explain. _____
Will alcohol be served? Yes No
If yes, explain. _____

Are there mechanical rides, moonwalks, trampolines, dunk tanks or waterslides? Yes No
If yes, explain. _____

Describe security and crowd control measures: _____

Are any water hazards present? Yes No
If yes explain. _____

Will fireworks be displayed? Yes No
If yes, would you like coverage as a sponsor of fireworks? Yes No
If yes, who will be igniting the fireworks?
 Fire Department Licensed Pyrotechnics Other (explain in detail)
Igniter is an: Employee Independent contractor
What are the policy limits on the igniter's policy? _____

Number of grandstands or bleachers (if any) Permanent Temporary

Seating Capacity: _____ Are all seats assigned? Yes No

Estimated attendance per day _____ Ticket price: \$ _____ Est. gross receipts: \$ _____

Is contractual liability required? Yes No
If Yes, describe all contacts and/or harmless agreements, whether written or oral (including dates, contracting parties and cost).

Is set up and take down coverage desired? Yes No
If Yes, what date(s)? _____

How many times has this event been held in the past? _____

Do you use independent contractors? Yes No
If yes, describe how. _____

Are certificates of insurance secured from exhibitors and vendors? Yes No

Describe any products sold by or for the Named Insured:

CONCERTS ONLY:

Location of concert(s): _____ Date(s): _____

Estimated attendance for the concert(s) only: _____

Seating is: Assigned Unassigned Capacity of facility used for concert: _____

Type of music being performed: Country Pop(Top40) Rap Hard Rock
 Punk Classical Easy Listening Other _____

List all performances or groups: _____

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

_____ Signature of Applicant	_____ Title	_____ Date
_____ Signature of Producing Agent		_____ Date
_____ Agent Name	_____ Agent Address	