

PRODUCER CODE: _____

SPECIAL EVENTS APPLICATION

01. NAME OF APPLICANT _____ APPLICANT IS: INDIVIDUAL CORPORATION OTHER (Specify)
 PARTNERSHIP JOINT VENTURE

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

02. ADDRESS OF EVENT: _____
DESCRIBE LOCATION OF EVENT _____

03. DATE OF EVENT: _____ COVERAGE DATES REQUIRED (IF OTHER THAN EVENT DATES)
HOURS FROM: _____ TO: _____

04. ESTIMATED ATTENDANCE PER DAY: _____ TOTAL ESTIMATED PARTICIPANTS: _____
GROSS RECEIPTS: _____ MAXIMUM CAPACITY OF LOCATION OF EVENT: _____

5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING FLYER, BROCHURE, ETC., IF ANY.)

06. EVENT WILL BE HELD: INDOORS OUTDOORS
07. CROWD WILL BE: RESERVED SEATING GENERAL ADMISSION
08. CROWD CONTROL: TYPE: _____ NUMBER: _____
 USHERS _____
PRIVATE SECURITY _____
 ARMED UNARMED
 OFF-DUTY POLICE _____
 ARMED UNARMED
 POLICE
 GUARD DOGS
 OTHERS (DESCRIBE) _____

09. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.)

10. ANY CELEBRITIES TO BE PRESENT? YES NO IF YES, PROVIDE NAME(S) _____

11. WILL BLEACHERS OR PLATFORMS BE USED? YES NO
A. PERMANENT PORTABLE
B. CONSTRUCTION WOOD STEEL CONCRETE
C. HEIGHT _____ D. AGE _____ YEARS
E. BACK AND SIDE RAILING PROVIDED YES NO
F. CONDITION (DESCRIBE) _____

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12. DOES EVENT INVOLVE: (IF NONE, CHECK)

	<u>HAZARD</u>	<u>INTEREST OF APPLICANT</u>	
		SPONSOR	OPERATOR
<input type="checkbox"/>	FIREWORKS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	AMUSEMENT RIDES OR DEVICES	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FOOD SALES	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ALCOHOLIC BEVERAGE SALES	<input type="checkbox"/>	<input type="checkbox"/>

A. IF APPLICANT IS SPONSOR, DOES OPERATOR HAVE LIABILITY INSURANCE? YES NO
 LIMITS \$ _____ NAME OF COMPANY _____

B. HAS CERTIFICATE OF INSURANCE BEEN OBTAINED FROM OPERATOR? YES NO

13. HOLD HARMLESS AGREEMENTS:

A. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY? YES NO

B. IS APPLICANT HELD HARMLESS BY OTHERS? YES NO

IF ANSWER TO A. OR B. IS YES, ATTACH COPIES OF CONTRACTS

14. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE:

DATE	NATURE OF LOSS	AMOUNT PAID OR OUTSTANDING
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. A. LIMITS OF LIABILITY DESIRED \$ _____

B. PRODUCTS COVERAGE DESIRED YES NO

C. HOST LIQUOR COVERAGE DESIRED YES NO

SPECIAL NOTE:

THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT
 Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

 DATE SIGNATURE OF APPLICANT

 SIGNATURE OF PRODUCER

REQUEST FOR ADDITIONAL INSURED (S):

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____