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SPECIAL EVENT INSURANCE PROGRAM COMMERCIAL GENERAL LIABILITY Customer Application

APPLICANT INFORMATION:

Applicant Name: _____

Name of Applicant

Applicant Address: _____

Street

City _____ State _____ Zip Code _____

Applicant Home Phone: _____

Area Code _____ Phone Number _____

Applicant Business Phone: _____

Area Code _____ Phone Number _____

Applicant Fax: _____

Area Code _____ Fax Number _____

Website Address: _____

Website Address

E-mail Address: _____

E-mail Address

Applicant is a (select one):

a. Event Holder

b. Concessionaire/Exhibitor/Vendor

If the Applicant is the Event Holder, will there be any Concessionaires, Exhibitors or Vendors attending or participating in the Event? Yes No

If 'Yes' to question above, will the applicant require that all Concessionaires, Exhibitors and Vendors name the applicant as an **Additional Insured** on a \$1,000,000

Commercial General Liability insurance policy? Yes No

EVENT INFORMATION:

Event Type: _____

Specify Type of Event (i.e. fair, church dinner, concert, birthday party, etc.)

Event Description: _____

Brief Description of Event

If Concert: _____

If concert or music type of event, specify type of music

Event Dates/Times:

Start/Stop Dates: From ____/____/____ To ____/____/____
MM DD YY MM DD YY

Start/Stop Time: From _____ To _____
AM or PM AM or PM

Total number of day's event will be open: _____

Event Attendance:

a. Maximum Daily Attendance: _____
Daily Attendance

b. Total Attendance: _____
Total Attendance

c. Audience Age Group: From _____ To _____
Audience Age Audience Age

d. Estimated Gross Revenues: _____
Gross Revenue

e. Event Security:

a. Will there be security at this event? Yes No

b. If "Yes" to question above, the security will be provided or contracted by:

(01) The Facility/Venue

(02) The Applicant:

(a) Name of security provider: _____

Name of Company Providing Security

(b) Security provider has liability insurance? Yes No

(c) Security provider has named applicant as an **Additional Insured**? Yes No

(d) Type of Security Guards:

(01) Uniform Guards

(02) Peer Group/Ushers

(03) Off-Duty Police

(04) Private Armed Security Guards

Will alcohol be served or be available for consumption at the event? Yes No

Will the Applicant receive any proceeds from the sale of alcohol? Yes No

Is a donation expected or an admission charge required to attend the event? Yes No

FACILITY/VENUE INFORMATION:

Facility/Venue Name: _____
Name of Facility/Venue

Facility Address: _____
Street

City

State

Zip Code

Is public access limited by fences, ropes, barricades or guard rails? Yes No

Is the event facility/venue requiring that they be named on this liability policy as an Additional Insured? Yes No

If 'Yes' to above, Additional Insured wording: _____

Is any other entity requiring that they be named in this liability policy as an Additional Insured? Yes No

If 'Yes' to above Additional Insured wording: _____

Add. Insured Address: _____
Street City State Zip Code

Area Code

Phone Number

Area Code

Fax Number

EVENT SPECIFIC QUESTIONS:

Answer this question only if your Event is **Pumpkin Patch** or **Christmas Tree Sales Lot**.

- a. Have you provided for adequate security? Yes No
- b. Have you provided for adequate lighting and fencing? Yes No

Answer this question only if your Event is a **Cornfield Maze**.

- a. Have you provided for adequate security staff required to direct people in cases of an emergency such as a fire? Yes No
- b. Have you provided for adequate fire protection in case of a fire? Yes No

LIMIT AND OPTIONAL COVERAGE INFORMATION:

Limit of Liability Required (select one option only):

- a. \$ 500,000/\$1,000,000 Per Occurrence/Annual Aggregate
- b. \$1,000,000/\$2,000,000 Per Occurrence/Annual Aggregate

SPECIAL NOTES:

- 01. The underwriter and/or the program administrator reserve the right to accept or reject any application for insurance.
- 02. Premium and fees are fully earned and non-refundable at inception.
- 03. Coverage will not be effective and a Certificate Of Insurance will not be issued until the full and correct payment has been received.
- 04. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICATION INFORMATION MISREPRESENTATION:

I understand and agree that the policy will not cover **Bodily Injury, Property Damage or Personal Injury** if the **Event Type, Music Type** or any other application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated, or wrongly stated at the time of application.

I Accept I Decline

Applicant Printed Name, Signature and Date:

Applicant Printed Name

Applicant Signature

Date