

# SPECIAL EVENT LIABILITY APPLICATION

APPLICANT NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_ TERM REQUESTED: FROM \_\_\_\_\_ TO \_\_\_\_\_

DESCRIPTION OF EVENT (If printed material is available, attach) \_\_\_\_\_  
\_\_\_\_\_

REQUESTED LIMITS OF LIABILITY: \$ \_\_\_\_\_ PRODUCTS? \_\_\_\_\_

OTHER COVERAGES REQUESTED: \_\_\_\_\_

## UNDERWRITING INFORMATION

Estimated Attendance: \_\_\_\_\_ Per day \_\_\_\_\_ Total all Days \_\_\_\_\_

No. of Participants (If applicable) \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_

Describe seating Arrangements (type, capacity, etc.) \_\_\_\_\_  
\_\_\_\_\_

Describe all set up exposures: (electrical, special effects, etc.) \_\_\_\_\_  
\_\_\_\_\_

Describe security arrangements: \_\_\_\_\_

Are guards armed? \_\_\_\_\_ Do they have their own insurance? \_\_\_\_\_

Food or beverage sold or served by applicant? \_\_\_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_

Additional insured/certificate holders: List below, indicating relationship: \_\_\_\_\_  
\_\_\_\_\_

Please provide complete description of event \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LOSS INFORMATION (LAST 3 YEARS)

If this event has been held in the past, please complete the following

YEAR	CARRIER	LIMITS	PREMIUM	DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT INCURRED

Date: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature

Producer Name & Address