



**SPECIAL EVENT APPLICATION –
SHORT TERM MISCELLANEOUS EVENTS**

Agency Name _____	Agency Contact _____
Address _____	Email Address _____
_____	FAX # _____
_____	Phone # _____

Insured _____

P.O. Address _____

Term of Policy _____ Days, Beginning _____

1. Location of Activities _____

How many years has this event been held at this location? _____

2. Description of Activities to be covered. **(THIS MUST BE A DETAILED COMPLETE SCHEDULE OF ALL ACTIVITIES. THIS COVERAGE IS VERY SPECIFIC, IF THE ACTIVITY IS NOT SCHEDULED, IT WILL NOT BE COVERED.) IF A BROCHURE IS AVAILABLE OR WEBSITE, PLEASE PROVIDE.**

	<u>Days of Activity</u>	<u>Estimated Daily Attendance</u>	<u>Estimated Receipts</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any parades during this event? Yes No

If yes, are there horses ridden or walked in the parade by their owners? Yes No

Are there horse-drawn carriages or wagons in the parade? Yes No

If yes to any of the above, does the insured obtain a certificate of insurance and are they named As Additional Insured under the horse owners coverage? Yes No

Are certificates of insurance obtained naming the insured as additional insured for any of the above activities? Yes No

If yes, list activities _____

3. Limits of liability desired \$100,000 CSL \$300,000 CSL \$500,000 CSL \$1,000,000 CSL

4. Optional coverages desired

Additional Named Insured – if checked, complete the following.

Type and date(s) of activity _____

Name and address of additional insured _____

Why they need to be named _____

Products coverage for food and drink activities

5. Is there a carnival and amusement ride or inflatable games exposure? Yes No

Is a certificate of insurance obtained naming the insured as an additional insured? Yes No

The following activities require a supplemental application to consider: Concerts, Fireworks Displays, Tractor Pulls, Demo Derbys and other motorsport activities. (You may need to request the application.)

6. Are there food, craft or other vendors (concessionaires) at this event? Yes No

How many? _____

Do all vendors provide to the insured insurance certificate of insurance naming the insured as additional insured? Yes No

7. Do you have a campground exposure during this event? Yes No

How many camping spaces? _____

Electrical hookups? Yes No

Shower and restrooms available? Yes No

Playgrounds? Yes No

Is the insured responsible for this liability exposure during their event? Yes No

8. UNDERWRITING INFORMATION REQUIRED

a. Has similar insurance been purchased in the past? Yes No

If yes, advise name of prior insurance company _____

b. Have any losses been incurred during the last 3 years under the type of coverage being applied for herein, whether or not insured? Yes No

If yes, provide date of loss, description and amount of settlement. _____

c. Is insurance desired for any vehicular racing contests or demolition derbys? Yes No

If yes, complete the Vehicular Contest Questionnaire shown below.

d. Is insurance desired for any fireworks exhibitions? Yes No

If yes, complete a Fireworks Liability Application.

Remarks:

VEHICULAR ACTIVITY QUESTIONNAIRE (Tractor Pulls, Demo Derbys, etc.)

Type of Activity _____ Date of Activity _____

Location of Activity _____

Minimum Age of Drivers _____

Are there specific rules and guidelines required and followed for this activity? Yes No

Spectator Seating Arrangements:

- (1) Type of seating grandstands bleachers _____
- (2) Construction wood concrete steel _____
- (3) Approximate age of grandstand/bleachers _____ years
- (4) Seating capacity _____
- (5) Distance between seating and track _____ feet
- (6) Is seating elevated from track? Yes No If yes, how much? _____ feet
- (7) Are spectators permitted in pit area? Yes No (spectators in pit are excluded from coverage)

Spectator Protection:

- (1) Is there protection between track and spectators? Yes No

If yes:

Type of protection guard rail fence _____

Construction Materials Used:

- (2) Are anchor posts used in the above protection: Yes No

If yes:

height _____ Feet thickness _____ Inches distance between posts _____ Feet

Depth that posts are set in ground _____ Feet concrete used? Yes No

- (3) Does the protection described above encircle racing area? Yes No
- (4) Is the protection described above also provided between track and spectator parking area? Yes No

**Provide diagram of event site.

Applicant's Signature _____

Date _____

Agent's Signature _____

Date _____