



**SPECIAL EVENT APPLICATION –  
FAIRS AND FESTIVALS**

<b>Agency Name</b> _____	<b>Agency Contact</b> _____
<b>Address</b> _____	<b>Email Address</b> _____
_____	<b>FAX #</b> _____ <b>Phone #</b> _____

1. Applicant \_\_\_\_\_  
 Applicant is  Individual  Corporation  Partnership  Joint Venture  Other \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 Email \_\_\_\_\_ Website \_\_\_\_\_
2. Coverage Date Requested \_\_\_\_\_ to \_\_\_\_\_ Dates of Special Event \_\_\_\_\_
3. Name of Event \_\_\_\_\_ Location of Event \_\_\_\_\_
4. Estimated Attendance Per Day \_\_\_\_\_ Gross Receipts \_\_\_\_\_

Description of "All" Activities to be covered for this event. A DETAILED COMPLETE SCHEDULE OF ALL ACTIVITIES WITH DATES) COVERAGE IS VERY SPECIFIC, IF THE ACTIVITY IS NOT SCHEDULED, IT WILL NOT BE COVERED)

*(Attach separate page if necessary)*

\*\*\*IF A BROCHURE OR FLYER WITH THE SCHEDULE OF ACTIVITIES IS AVAILABLE, PLEASE ATTACHED TO THIS APP

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

- 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, which activities — mark above with an "X".
- Is there a carnival and amusement ride exposure?  Yes  No

717 Mulberry St. | Des Moines, IA 50309-3872 | P.O. Box 712 | Des Moines, IA 50306-0712 | 515.345.7650 | 800.437.6005 | www.emcins.com

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

The following activities will require separate supplemental applications be completed to consider: Concerts, Fireworks Displays, Tractor Pulls, Demo Derbys and other motorsport activities. Please contact: EMC Underwriters, LLC at the above number if you require these applications.

5. How many years has this event been held at this location? \_\_\_\_\_

6. Are there vendors at this event?  Yes  No

Total # of vendors \_\_\_\_\_ Type and # of vendors: Craft vendors # \_\_\_\_\_ Dealers # \_\_\_\_\_

Food vendors # \_\_\_\_\_ Display booth vendors # \_\_\_\_\_ Other \_\_\_\_\_ # \_\_\_\_\_

Do all vendors provide the insured insurance certificates naming the insured as additional insured?  Yes  No

If some do, which of the above do? \_\_\_\_\_

7. Do you have a campground exposure?  Yes  No If yes, answer the following.

Is it available all year round?  Yes  No If no, when is it available? \_\_\_\_\_

How many camping spaces? \_\_\_\_\_ Electrical hookups?  Yes  No

Shower and restrooms available?  Yes  No Playgrounds?  Yes  No

Are you responsible for providing the liability coverage for this campground exposure?  Yes  No

8. Do you have any events with animal activity?  Yes  No

If yes, describe \_\_\_\_\_

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

9. Do you own or lease event premises and require annual liability coverage for this premises under this policy?  Yes  No

If yes and you are responsible for the liability coverage, answer the following items:

A. Is there a community hall or building or buildings rented out or utilized for special events or activities throughout the year?  Yes  No

If yes, provide a complete list of all activities and events that you will allow in these buildings. (Be specific. Any activities not listed will not be considered.)

\_\_\_\_\_  
\_\_\_\_\_

How many times a year total would the premises be rented? \_\_\_\_\_

Are certificates of insurance obtained naming the insured as additional insured from those using these facilities?  Yes  No

Is there any alcohol served at these events?  Yes  No

Who provides the liquor liability coverage for this? \_\_\_\_\_

B. Is there is a grandstand exposure at their premises?  Yes  No

Do they rent out or allow activities to take place at that location during the off season?  Yes  No

If yes, provide a complete list of all activities and events allowed.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

How often or how many times a year would the premises be rented? \_\_\_\_\_

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

C. Are there any baseball, softball, soccer or any other sports facilities on the insured's premises?  Yes  No

If yes, explain \_\_\_\_\_

If yes, is a certificate of insurance obtained naming the insured as an additional insured for this exposure?  Yes  No

Does the insured provide rental spaces during the off season for others to store boats trailers, buses etc?  Yes  No

If yes, approximately how many spaces available? \_\_\_\_\_  Indoor  Outdoor

10. Limits of coverage requested  300,000  500,000  1,000,000  1,000,000/2,000,000

11. Is Products coverage needed for food and nonalcoholic drink activities during this event?  Yes  No

12. Is any additional insured's needed?  Yes  No

If yes, type of activities and date of activity: \_\_\_\_\_

Name and complete address of Additional Insured

Why do they need to be named?

Type of activities and date of activity \_\_\_\_\_

Name and complete address of Additional Insured

Why do they need to be named?

### UNDERWRITING INFORMATION REQUIRED

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

If yes, advise name of prior insurance company \_\_\_\_\_ Premium \_\_\_\_\_

2. Have any losses been incurred during the last 3 years, whether insured or not?  Yes  No

If yes, provide date of loss, description and amount of settlement or 3 years loss runs from prior insurance companies or companies.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_