

SPECIAL EVENTS SUPPLEMENT

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

1. Applicant is: Individual Partnership Corporation For Profit Non-Profit
2. Dates coverage required: From _____ To _____
3. Limits Required: Each Occurrence _____ General Aggregate: _____ Medical Payments Coverage is excluded.
4. Coverage Required:
 - a. Premises/Operations Personal/Advertising Injury Personal Injury Contractual
Products/Completed Operations Owners/Contractors Protective Employees as Additional Insureds
 - b. Include a copy of premises lease/rental agreement with application.
5. If coverage is provided, it will contain special exclusions including, but not necessarily limited, to the following:
 - a. Unscheduled Events
 - b. Assault and Battery
 - c. Riot and Civil Commotion
 - d. Fireworks demonstrations or displays
 - e. Injury to persons in unauthorized areas
 - f. Injury to participants or damage to their property
 - g. Operations of any aircraft or passenger carrying balloons
 - h. Operations of autos, motorized vehicles, animal rides unless authorized by specific endorsements.
6. Previous Insurer(s) _____ Policy Number(s) _____
Were there any losses? _____ if yes, provide detailed explanation. _____

7. Has the prospective insured held an event of this type previously? Yes No
If yes, how many years? _____ Dates held last year _____
8. Interest of Named Insured in Premises: _____
9. Name of Event: _____
10. Location(s) of Event: Location #1: _____
Location #2: _____ Location #3: _____

9. Description of Events: (Including copies of any promotional literature, advertising or event information sheet with activity details) _____

a. Setup and Tear down (time and date): _____

b. Event start and Ending (date and time): _____

10. Attendance Each Day _____ Total _____

11. Does Event involve any of the following:

- | | | |
|------------------------------|-----------------------------------|------------------|
| Amusement Rides | Fireworks (Sale or Demonstration) | Musical Concert: |
| Animal Rides | Aircraft of any type | Country/Western |
| Athletic Contest/Exhibitions | Hot Air Balloon Rides | Rap/Reggae |
| Auto/Motorcycle Races | Liquor/Beer/Wine served | Rock |
| Boat Races | Parade | Classical |
| Dancing | Rodeo | Other |

12. Type of security provided? Armed Unarmed Insured's Employees Independent Contractor
If Independent provide name: _____

a. Any other Independent contractors to be used: Yes No If yes, describe type to be used _____

b. Limits of Independent Contractors: _____

c. Independent Contractor to provide Certificates of Liability Yes No

d. Is applicant to be named as additional insured? Yes No

13. Are exhibitor (if any) required to provide Certificates of Liability insurance Yes No
a. If yes, Limits: _____ b. Is applicant to be named as additional insured? Yes No

14. List Names of Performers Scheduled: _____

15. Additional Insured(s):

Name and Address	Interest
_____	_____
_____	_____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____
Date Date