

Special Event Liability Application

Please attach a copy of the event flyer or promotional literature

Agency Name _____ Agency # _____

Producer Name _____ Phone _____ Email _____

Applicant Information

1. Name of Applicant _____
2. Address _____
Street
City
County
State
Zip
3. Web site _____
4. Contact Name, telephone and email _____
5. Business Type
 Individual
 Partnership
 Corporation
 Non-Profit
 Other _____

Event Details

6. Name of the Event _____
7. Location of Event _____
Name of Venue
Street
City
County
State
Zip

** If multiple location addresses, please attach a schedule of location addresses.*

8. Effective Dates (please include setup and teardown time) From ____/____/____ to ____/____/____

Event Date	Daily Attendance	Hours of Operation
_____	_____	from ____:____ AM/PM to ____:____ AM/PM
_____	_____	from ____:____ AM/PM to ____:____ AM/PM
_____	_____	from ____:____ AM/PM to ____:____ AM/PM
_____	_____	from ____:____ AM/PM to ____:____ AM/PM
_____	_____	from ____:____ AM/PM to ____:____ AM/PM

9. Please provide a description of the Event, including a complete list of activities _____

10. Has this event been held previously? ____ Yes ____ No
 If yes, please provide the following:
 Name of Insurance Company _____ Premium \$ _____
 This event was not previously insured.

Coverage Information

11. Liability Coverage
 Liability Limits Requested (per occurrence/aggregate)
 \$300,000/\$600,000 \$500,000/\$500,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 \$1,000,000/\$3,000,000

12. Auto Coverage
 Please indicate if you would like to include a quote for Hired and Nonowned Auto Liability (Not eligible for demo derbies or motorized stunts/events):
 No
 Yes, please include a quote at limit equal to the liability occurrence limit requested above

Will you be providing transportation for spectators or participants? ____ Yes ____ No
 Please describe how the vehicles will be used for the event _____

13. Property Coverage

Please indicate if you would like to include a quote for property while on exhibit:

No

\$10,000 (maximum available) Exhibition Floater, Actual Cash Value, no coinsurance, \$500 deductible (this includes Business Personal Property and Trailer used in Special Events while on exhibit or display away from a premises you own, lease, or operate; in transit to and from an exhibit or display)

14. Liquor Liability Coverage

Liquor Liability Limits Requested (per occurrence/aggregate)

No, there is no liquor exposure

No, liquor provided by vendor (must be listed as an Additional Insured on their policy)

\$100,000/\$100,000 \$300,000/\$300,000

\$500,000/\$500,000 \$1,000,000/\$1,000,000

Complete the following liquor liability coverage questions only if you are requesting this coverage:

Projected alcohol sales for this event:

Beer \$ _____

Wine \$ _____

Liquor \$ _____

Have you hosted similar events in the past?

Yes No

If yes:

Have you ever been cited for violation of law or ordinance related to serving alcohol?

Yes No

At previous events have there been any fights or altercations of any kind?

Yes No

Will the servers be licensed or certified bartenders, or if not, will the serving be overseen by a licensed bartender?

Yes No

Is a liquor license required for this event?

Yes No

Will ID's be checked before alcohol is served?

Yes No

Will there be a double fence surrounding the area where alcohol is allowed?

Yes No

Will law enforcement or security be present in the area where liquor is served and consumed?

Yes No

Event Information

15. Has coverage ever been canceled, non-renewed or declined? **(Do not answer this question in Missouri.)**

Yes No

If yes, please explain _____

16. Please list all losses or claims within the past 5 years:

No losses

Description	\$ Amount of Loss
_____	_____
_____	_____

17. Are spectators allowed to camp overnight on the premises during the event?

Yes No

18. Is there a barrier between the spectators and exhibitions?

Yes No

If yes, please describe the following:

Type of barrier used _____

The amount of distance between the spectators and the exhibition (in feet) _____

19. Are spectators allowed to participate in any events?

Yes No

If yes, please describe the events _____

20. Are all participants required to sign waivers of liability?

Yes No

If yes, please attach a copy. **Copy of waiver required.**

21. Will Emergency Medical Systems be on premises or do you have an emergency medical plan in place that is communicated to all employees and volunteers?

Yes No

22. Will law enforcement or Security be present at this Event?

Yes No

If yes, please describe the type of security provided _____

23. (GL only) Will the applicant use any mobile equipment (i.e. ATV's, golf carts, etc.)?

Yes No

What type of mobile equipment will be utilized? _____

How many of each type? _____

Describe the use _____
 Will the mobile equipment be kept in a locked storage facility and their keys kept in a separate secured location?
 ___ Yes ___ No

24. Will the Event include any of the following activities?
 ___ Not Applicable – there won't be any of these activities

Activity Description	Applicant Operations	or	Vendors and Exhibitors Operations
Hot Air Balloon Rides Helicopter/Airplane Rides Carnival Rides Fireworks	<input type="checkbox"/> Yes, I am operating or sponsoring these activities *Note these activities will be excluded on the policy.		<input type="checkbox"/> Vendor will be operating and sponsoring these activities. Will you obtain a Certificate of Insurance listing you as an additional insured on their policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parades	<input type="checkbox"/> Yes, I am operating or sponsoring this activity ___ Number of units Throwing candy <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Vendor will be operating and sponsoring the activity. Will you obtain a Certificate of Insurance listing you as an additional insured on their policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition Derby <input type="checkbox"/> Motor Vehicle Demonstration <input type="checkbox"/> Tractor Pull <input type="checkbox"/> Steam Powered Equipment Demonstration <input type="checkbox"/>	<input type="checkbox"/> Yes, I am operating or sponsoring this activity Concrete barrier <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Vendor will be operating and sponsoring the activity. Will you obtain a Certificate of Insurance listing you as an additional insured on their policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes is checked, the insured is required to obtain Certificates from vendors for motor related events.</i>
Dunk Tank <input type="checkbox"/> Inflatable <input type="checkbox"/>	<input type="checkbox"/> Yes, I am operating or sponsoring this activity		<input type="checkbox"/> Vendor will be operating and sponsoring the activity. Will you obtain a Certificate of Insurance listing you as an additional insured on their policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the dunk tank <input type="checkbox"/> homemade? or <input type="checkbox"/> made by a commercial manufacturer?		
Petting Zoo Animal Rides	<input type="checkbox"/> Yes, I am operating or sponsoring this activity		<input type="checkbox"/> Vendor will be operating and sponsoring the activity. Will you obtain a Certificate of Insurance listing you as an additional insured on their policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a hand washing station and a sign warning people to wash their hands after touching the animals to prevent illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Wagons	<input type="checkbox"/> Yes, I am operating or sponsoring this activity Photo Required		<input type="checkbox"/> Vendor will be operating and sponsoring the activity. Will you obtain a Certificate of Insurance listing you as an additional insured on their policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sides four feet tall or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No Four sides to wagon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Triathlons	<input type="checkbox"/> Yes, I am operating or sponsoring this activity		<input type="checkbox"/> Vendor will be operating and sponsoring the activity. Will you obtain a Certificate of Insurance listing you as an additional insured on their policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the event sanctioned? <input type="checkbox"/> Yes <input type="checkbox"/> No Are wetsuits required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

25. Are all vendors or exhibitors required to have their own Insurance with minimum liability limits equal to your own, and provide a Certificate of Insurance listing you as an additional insured on their policy? ___ Yes ___ No

26. Are there any Additional Insureds? ___ Yes, please indicate how many _____ ___ No
 If yes, please provide the following information for each Additional Insured request:

*** If you need to schedule more than one Additional Insured, please attach a complete schedule.*

Relationship to named insured ___ Owner of premises ___ Sponsor of Event
Certificate Holder Name _____
Mailing Address _____
City _____ State _____ Zip _____

Please note all Special Events must be paid in full at the time of binding.

Summary of Attachments -- Enclosed and incorporated with this application are additional information documents as specified by questions 7, 21, 27 herein.

The applicant understands and agrees this application and any supplements thereto shall be incorporated into any policy that may be issued and that SECURA relies on the truth of the statements set forth herein in making a determination to issue any policy.

Fraud Warning

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

All Other States: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. Contact your SECURA agent for instructions on how to submit a request to us.

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this application changes between the date of the application and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this application does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Date