

Special Event Liability Application

insurevents.com

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Your Company Name				Years Experience		
Your First Name		Your Last Name		Your Email Address		
Mailing Address			City		State	Zip
Daytime Telephone Number	Mobile Telephone Number	Fax Number		Your Website Address		

General Information

Name of Event		Type of Policy (Promoter, Artist, Producer, Venue, Production, Special Event, etc.)			Admission Charge \$	
Event Date(s)	Event Times From: To:		Desired Effective Date of Policy	Desired Expiration Date of Policy		
Detailed Description of Event (Attach a copy of your flyer, ad, or brochure)						
Location Capacity	Estimated Daily Attendance	Est. Total Attendance (All days combined)		Budget / Cost for this Event \$	Estimated Gross Receipts \$	
Number of Exhibitors (Non Sales)		Number of Non-Food Vendors	Number of Food Vendors	Number of Attractions (Performers, games, etc.)		

Location Information

Name of Venue / Location where event will be held (If more than 1 location, please include a schedule of all locations)						
Contact Person First Name		Last Name		Contact Person Email Address		
Mailing Address			City		State	Zip
Telephone Number		Fax Number		Who is Supplying Security?	Is Security Armed? <input type="radio"/> Yes <input type="radio"/> No	
Type of Security (Uniform, Peer Group, Ushers, Etc.)		How Many of Each?	Type of Seating (folding, bleachers, etc.)		Is Seating <input type="radio"/> Reserved <input type="radio"/> G.A.	
Venue / Location Additional Insured Wording (Found in your rental agreement)						

Underwriting Information

List anyone else you need to name as Additional Insured on your policy (Check your contracts)

Describe First Aid / Medical Arrangements

Are You Responsible For Parking?

Is the parking Lot Attended?

Yes No

Yes No

Who is responsible for setting up the stage and temporary seating? (If independent firm, you must be named on their policy as Additional Insured)

Does event include any Stunts, Pyrotechnics, Moon Bounces, Inflatables, Aircraft, bodies of water, Car Races, Rides or Hazardous Activities?

Yes No. If Yes, please explain:

Who was your Previous Insurance Company?

Premium Paid

\$

List all previous claims (Last 5 years) (Date of Loss, Description, and Amount Paid) Loss Runs Attached

Option Not Wanted

Liquor Liability Option

If you are selling alcohol (including beer & wine), consider protecting yourself against liquor liability claims.

Will Alcohol Be Sold?

If Yes, By Who?

Years Experience Serving

Estimated Liquor Sales

Yes No

\$

Describe Procedures & Safeguards for preventing the serving of Alcohol to Minors & Intoxicated Persons

Option Not Wanted

Non-Owned & Hired Auto Option

Consider this option if your employees are using their vehicles on company business or you're renting / borrowing vehicles. Only bodily injury liability in case of an accident is covered, not damage to the vehicles.

Number of Vehicles Rented or Borrowed

Number of Vehicles used by Employees

Total Cost to Rent Vehicles

\$

Option Not Wanted

Property (Equipment & Contents) Option

Description of Equipment

Describe Protection, Security at principal location

Value of Owned Equipment

Rented Equipment

Office Contents

Total Values

Describe any prior claims

\$

\$

\$

\$

Option Not Wanted

Volunteer / Spectator Accident Medical Option

The Liability Policy will usually only provide Medical Payments coverage if you are at fault for an accident involving a spectator or volunteer. For a quote on "no-fault" medical reimbursement ("goodwill insurance"), choose this option.

Number of Volunteers Daily

Total Number of Volunteers (All Days Combined)

Do you want Spectators included in coverage?

Yes No

Option Not Wanted

Weather Insurance Option

If your event would be affected by bad weather, consider buying Rain / Snow / Wind / Lightning coverage.

Coverage Date(s)

Coverage Times

Policy Limit

Include

1.
2.

From To
From To

\$
\$

Rain Snow Lightning Wind
 Rain Snow Lightning Wind

Option Not Wanted

Event Cancellation Insurance Option

Broader than Weather Insurance, it can cover cancellation due to damage to the venue, terrorism, non-appearance of a performer, etc. With the information below, we will be able to give you a general idea on pricing. However, for a firm quote, a more detailed application will be required.

Is the Event Indoors? <input type="radio"/> Yes <input type="radio"/> No	If No, is the performance area under a cover? <input type="radio"/> Yes <input type="radio"/> No	Would bad weather cause cancellation of your event? <input type="radio"/> Yes <input type="radio"/> No
Budgeted Total Gross Revenue \$	Budgeted Total Expenses \$	Net Income (Gross Revenue Less Total Expenses) \$

Option Not Wanted

Prize Insurance Option

Attract crowds to your event. Increase ticket sales. Generate publicity. Offer additional reasons for people to attend. Half-Court Shots, Picking the winning envelope, scratch off tickets, putting contests, Hole-in-One Contests. Let us help you design a promotion. With the information below, we will be able to give you a general idea on pricing. However, to receive a firm quote, a more detailed application will be required.

Describe to us the type of Prize Promotion you want including the value of the prize.

Application Warranty & Instructions

Please provide us with a copy of your Facility Rental Agreement.

Please provide us with event flyer, ad or brochure.

I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS OF THIS APPLICATION.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

SIGNATURE OF APPLICANT

DATE

PRODUCER SIGNATURE

Application Notes / Additional Information

Notes

For Insurance Agents & Brokers Only

Your Company Name

Your First Name

Your Last Name

Your Email Address

Mailing Address

City

State

Zip

Daytime Telephone Number

Mobile Telephone Number

Fax Number

Your Website Address