

SPECIAL EVENT LIABILITY APPLICATION

APPLICANT NAME AND ADDRESS: _____

Telephone Number: _____ Fax: _____ Email Address: _____

Location of Event: _____ Term Requested: From _____ To _____

Location Address: _____

Detailed Description of Event (if printed material is available, attach) _____

Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Products/Comp Ops Aggregate _____ Fire Legal _____

Other Coverages Requested: _____

UNDERWRITING INFORMATION

Estimated Attendance: _____ Per day _____ Total all Days _____

No. of Participants (if applicable) _____ Gross Receipts \$ _____

Describe seating Arrangements (type, capacity, etc.) _____

Describe all set up exposures: (electrical, special effects, etc.) _____

Describe security arrangements: _____

Are guards armed? _____ Do they have their own insurance? _____

Food or beverage sold or served by applicant? _____ If yes, give details _____

Additional insureds/certificate holders: List below, indicating relationship and address: _____

LOSS INFORMATION (Last 3 Years)

If this event has been held in the past, please complete the following:

Year	Carrier	Limits	Premium	Date of Loss	Description of Loss	Amount Incurred

Applicant Signature & Date

Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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