

CLEAR RISK SOLUTIONS SPECIAL EVENT LIABILITY PROGRAM
EVENT APPLICATION – General Liability Aggregate Limit, \$2 Million.
THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

Agency Information (completed only if you are an insurance broker):		
Name of insurance broker: _____		
Contact person: _____		
Mailing address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	
Web site: _____	Email: _____	
License number: _____	State of license: _____	

The applicant declares that the information contained in this application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to the Clear Risk Solutions Special Event Liability Program. Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

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

Applicant Name: _____

Signature: _____

Title (owner, partner, or officer): _____

Date: _____

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.

Please quote Special Event Liability Insurance for the event I am sponsoring.

- 1 Event sponsor (named insured) is a/an:
- | | | |
|--|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> LLC or LLP | <input type="checkbox"/> Limited partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Public agency | <input type="checkbox"/> Not-for-profit |
| <input type="checkbox"/> Trust or Estate | <input type="checkbox"/> Labor union | <input type="checkbox"/> Religious organization |
| <input type="checkbox"/> Unincorporated assoc. | <input type="checkbox"/> Informal group or committee | <input type="checkbox"/> Joint venture |
| <input type="checkbox"/> General partnership | <input type="checkbox"/> Other | |
- 2 Legal name of event sponsor (as it is to appear on the policy): _____

- 3 Sponsor's Address: _____
City: _____ State: _____ Zip: _____
- 4 Contact person: _____
Email: _____ Web site: _____
Home phone: _____ Business phone: _____
Fax: _____ Cell phone: _____
- 5 Is the event sponsor the property owner? Yes No, The property manager? Yes No

Event Information

- 6 Describe the event and all activities. Attach a separate page, if necessary.
- | | | |
|---|--|--|
| <input type="checkbox"/> Anniversary/Retirement | <input type="checkbox"/> Baptism/Confirmation/Ordination | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Baby/Bridal Showers | <input type="checkbox"/> Engagement | <input type="checkbox"/> Reunion |
| <input type="checkbox"/> Bar mitzvah/Bat mitzvah | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Sports/Athletics |
| <input type="checkbox"/> Birthday/Quinceanera | <input type="checkbox"/> Graduation | <input type="checkbox"/> Weddings/Receptions |
| <input type="checkbox"/> Lecture (describe topic) _____ | | |
| <input type="checkbox"/> Meeting (describe topic) _____ | | |
| <input type="checkbox"/> Other (describe): _____ | | |
- 7 Event name: _____
- 8 Name of facility where event is being held: _____
- 9 Facility location: _____
City: _____ State: _____ Zip: _____
- 10 Facility Owner: _____
Address: _____
City: _____ State: _____ Zip: _____

11 Is there a property manager that requires being included as an additional insured? Yes No
If yes,
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

12 Are there any caterers, vendors, concessionaires, exhibitors, entertainers, promoters, or sponsors which are to be included as an insured under this insurance policy? Yes No
If yes, provide their names, mailing addresses and types of service for your event.
 (Types of service = caterer, vendor, concessionaire, exhibitor, entertainer, promoter, or sponsor)
 Type of service: _____ Sells or serves alcoholic beverages? Yes No
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Type of service: _____ Sells or serves alcoholic beverages? Yes No
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Type of service: _____ Sells or serves alcoholic beverages? Yes No
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

13 List each date the event will be held, expected attendance and event duration each day. Include event set up and take down days. Indicate if alcoholic beverages are sold or served for each day. Attach a separate page, if necessary. If the time goes past midnight, be sure to include the new day and the hours.

Date	Event Hours		Attendance (Expected)	*Alcoholic Beverages		Hours when alcohol will be served or sold	
	Start	End		Served	Sold	Start	End
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

***If liquor will be served and/or sold at your event, please complete questions 14-19. Otherwise, proceed to question 20.**

- 14 If people pay to attend, is alcohol included in the admission fee? Yes No
 Will you collect tickets for alcoholic drinks? Yes No
 Will you charge an additional fee for alcoholic drinks? Yes No
 Will you receive donations? Yes No
 Estimated sales receipts for alcohol: _____
- 15 Type of alcoholic beverages to be served or sold: (Check all that apply)
 Beer Wine or champagne Mixed drinks Full bar
- 16 Do you have a caterer or vendor to serve or sell the alcoholic beverages? Yes No
If yes, have you received a certificate of insurance from the caterer or vendor showing it has liquor liability insurance? Yes No
- 17 How many different locations at the event will alcohol be served or sold? _____
- 18 Are you required to obtain or have a liquor license for your event? Yes No
- 19 Are any of the following management practices in place to monitor and control the consumption of alcoholic beverages?
 Yes No Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted.
 Yes No Everyone must show identification to receive an alcoholic beverage.
 Yes No Individuals over the legal drinking age receive a wristband or other form of identification.
 Yes No There is a limit of two servings provided to any one individual, per visit to the concession.
 Yes No Serving staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated.
 Yes No The concession or bar is closed at least one hour prior to the end of the event.

- 20 Will the event have security? Yes No
If yes, please specify type and number of security personnel below.

Type of Security	Number	Type of Security	Number
Facility security		Police or sheriff	
Private security Company		Employees of event holder	
Peer group or ushers		Volunteers	
Parent chaperones		Other	

- 21 Will security be armed? Yes No
 Number of armed security: _____ Number of unarmed security: _____
- 22 If event is a birthday, please indicate the year which is being celebrated. N/A
 1 yr to 8 yrs 21 yrs to 29 yrs 50 yrs to 59 yrs
 9 yrs to 13 yrs 30 yrs to 39 yrs 60 yrs and older
 14 yrs to 20 yrs 40 yrs to 49 yrs
- 23 Do you expect any celebrities or highly public individuals to attend or participate in your event?
 Yes No. **If yes**, list the individuals and classify them below.
 (Classes: entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc.)

Individual: _____ Class: _____

Individual: _____ Class: _____

- 24 For all events, please indicate the expected age range of the attendees. (Check all that apply)
- 13 yrs and under 24 yrs to 29 yrs 40 yrs to 49 yrs 60 yrs and older
 14 yrs to 23 yrs 30 yrs to 39 yrs 50 yrs to 59 yrs All ages
- 25 Will your event have overnight stay or lodging? Yes No
If yes, who is the lodging arranged by? Event Sponsor Attendees Other: _____
- 26 Is the event sponsor required to add the property owner providing the lodging as an additional insured? Yes No
- Lodging facility name: _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Lodging property owner: _____
- Address: _____
- City: _____ State: _____ Zip: _____
- 27 Is your event: Indoors Outdoors, or Both
- 28 The event is: Open to the public Private group Personal invitation only
- 29 Will you sell tickets to attend the event? Yes No
If yes,
How many tickets do you expect to sell? _____
What is the price per admission ticket? _____
Are tickets: Pre-sold only Sold at the door only Both
What are the expected total receipts from ticket sales? _____
- 30 Do you expect to receive donations to attend this event? Yes No
- 31 Seating at the event is: (Check all that apply)
 Assigned seating Open seating Grandstands Bleachers Bring your own seating
- 32 Is the event being advertised or promoted? Yes No
If yes, how? (Check all that apply)
- Television Radio Billboard
 Newspaper Brochure Handout or announcement
 Posters
 Web site address: _____
 Other: _____

- 33 *Does your event include any athletic or recreational activities? Yes No
If yes, list each activity, the date of the activity, and the number of participants each day.

Date	Activity	Number of participants

***Please note, this policy does not apply to bodily injury to any person while rehearsing or practicing for, participating in, or traveling to or from any organized sport or athletic contest/event that you conduct, produce, promote or sponsor.**

- 33 Explain your procedure for collecting and keeping waivers and release of liability forms, which have been signed by all participants. (Provide a copy of the waiver and release of liability, which will be signed by all participants.)

- 34 Will your event have music? Yes No,
If yes, how will the music be provided?
 Live music Disc jockey Stereo/CD player Other: _____

- 35 If concert, will dancing be permitted? Yes No
 Is there a designated dance floor or area? Yes No

- 36 What genre of music will be played? List all types:

- 37 Does the event include any of the following? **(The insurance policy does not apply to “bodily injury” or “property damage” arising out of any operations connected with the following operations or premises, unless approved by the company.)**

- Yes No Circus and carnivals
- Yes No Mechanical amusement devices
- Yes No Motorized sporting events
- Yes No Tractor / truck pulls
- Yes No Boxing, wrestling, hockey and contact karate events
- Yes No Rodeos and roping events (including practice)
- Yes No Aircraft and balloon events
- Yes No Professional sporting activities
- Yes No Pyrotechnical uses
- Yes No Rap and/or heavy metal music
- Yes No Veterinary legal liability

- 38 Have you held this event, or a similar event in past years? Yes No
If yes, list any claims arising during the past five years from the event:

Date of Claim	Claimant	Description	Paid to Date	Total Expected

39 Do you require that any vendors or event service providers provide certificates of insurance and name you and the property owner as additional insureds? Yes No
If yes, provide a copy of the certificate of insurance from the vendors or service providers from whom you have received certificates and additional insured endorsements.

40 Do you have an emergency evacuation plan? Yes No
If yes, explain how event management and attendees are notified:

41 Will there be medical personnel present at the event? Yes No
If yes, what number of:
_____ Doctors _____ Nurses _____ Other
_____ Paramedics _____ EMT / EMS

42 Will there be an ambulance on site? Yes No

43 The following items must be submitted with this event application form:
•Copies of all certificates of insurance from vendors that list you as an additional insured.
•Copies of all brochures, promotional materials and event advertising.
•Copies of the complete schedules of events or activities.
•Copies of the waiver and release of liability form to be signed by participants in any recreational or athletic activity.