



SPECIAL EVENTS GENERAL LIABILITY APPLICATION

PREQUALIFIERS - Risk(s) are ineligible if they include any of the following characteristics:	Yes	No
1. Abortion Rights, Pro Choice, or Right of Life rallies/parades.	<input type="checkbox"/>	<input type="checkbox"/>
2. Air shows, ballooning events, including hot air balloons, sky-diving events.	<input type="checkbox"/>	<input type="checkbox"/>
3. Armed security guards - employees and contracted.	<input type="checkbox"/>	<input type="checkbox"/>
4. Events with attendance in excess of 50,000 per day.	<input type="checkbox"/>	<input type="checkbox"/>
5. Events of a political nature.	<input type="checkbox"/>	<input type="checkbox"/>
6. Dunk tanks, trampolines, skate parks, water slides or other water type rides.	<input type="checkbox"/>	<input type="checkbox"/>
7. Non-assigned, indoor seating at concerts.	<input type="checkbox"/>	<input type="checkbox"/>
8. Racing events (including autos, motorcycles, snowmobiles, go-karts) regardless of vehicle size.	<input type="checkbox"/>	<input type="checkbox"/>
9. Use of power saws to cut your own Christmas trees.	<input type="checkbox"/>	<input type="checkbox"/>
10. Demolition derbies.	<input type="checkbox"/>	<input type="checkbox"/>
11. Gun/ammunition shows/demonstrations/activities.	<input type="checkbox"/>	<input type="checkbox"/>
12. Poker runs and/or pub crawls.	<input type="checkbox"/>	<input type="checkbox"/>
13. Liquor Liability without all appropriate licenses, permits and/or controls in place.	<input type="checkbox"/>	<input type="checkbox"/>
14. Firework displays unless subcontracted to a licensed professional pyrotechnician.	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

1. Proposed First Named Insured & Other Named Insured(s): _____

2. Mailing Address: Street _____ City _____ County _____ State _____ ZIP Code _____

3. Location Address: Street _____ City _____ County _____ State _____ ZIP Code _____

4. Telephone: _____ Fax: _____
 Website: _____

5. Contact person/phone #: _____ Inspection: _____
 Accounting/Records: _____

6. Business Type: Individual Partnership Corporation LLC Trust
 Other (specify): _____

7. Effective Date Desired: From: _____ To: _____ Term Desired: _____

PREVIOUS INSURER AND LOSS HISTORY - Attach separate sheet if necessary See Loss Runs Attached

Missouri Applicants: **DO NOT** answer this question.
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If Yes, give name of company, date, and reason: _____

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Policy Dates	Carrier	Premium	Description of Loss

LIMITS REQUESTED

Each Occurrence Limit	\$
Damage to Premises Rented to You Limit	\$
Medical Expense Limit	\$
Personal and Advertising Injury Limit	\$
General Aggregate	\$
Products-Completed Operations Aggregate	\$
Liquor Liability Limit	\$

UNDERWRITING INFORMATION

1. Location of Primary Event Street City County State ZIP Code

2. Provide a complete description of all events including locations and dates. Attach any flyers/brochures, etc.

3. Hours of event (if applicable): From: _____ To: _____

4. Duration of event: _____

5. Is setup and/or take down coverage needed? Yes No

If yes, provide dates: _____

6. Describe previous experience in conducting/hosting events of this or similar nature:

7. Estimated attendance per day:

Ticket price: \$ _____ Estimated Gross Receipts: \$ _____

8. If subcontractors are used (including security, vendors, contractors, pyrotechnicians, ride operators, etc.):

a. Describe services performed:

Yes No

b. Are certificates of insurance on file to you, naming you as Additional Insured?

c. Are coverage and limits equal to or greater than applicant's policy limits?

9. Is there an overnight and/or camping exposure?

If yes, provide details: _____

10. Describe any products sold by or for you:

11. Are any water hazards present?

If yes, explain: _____

Additional Insureds **N/A**

Yes No

1. Are any Additional Insured's required?

If yes, list name and describe interest of each: _____

2. Are you required to sign a lease agreement?

3. Are you held harmless by others?

4. Do you agree to hold any third party harmless?

If yes, indicate who: _____

First Aid **N/A**

Will first aid services be available? Yes No

If yes, explain: _____

If yes, indicate who will be in charge of the facilities: Doctors Nurses Other: _____

Concessions - Food and Liquor

N/A Note: See Prequalifiers for eligibility.

1. Receipts: Food: \$ _____ Alcohol: \$ _____
2. Does your special event have a liquor license? Yes No

 If no, does the event have a subcontracted liquor vendor with a license?
3. Who is serving the alcohol? Insured Other Organization
 If other, explain: _____
(If other, obtain certificates of insurance providing limits equal to or greater than the Insured.)
4. Is there a limit to the number of alcoholic beverages served to a patron at any one time?
5. Is liquor served in a fenced-off area (temporary or permanent)?
6. Is there a procedure for checking IDs of patrons entering the liquor-serving area?

Traffic Control/Safety

N/A Note: See Prequalifiers for eligibility.

1. Describe security and crowd control arrangements: _____
2. **Type of Security** **Armed**
- Employed Yes No
- Independent/Contracted Yes No
- Volunteer Chaperones Yes No
3. Is there a written emergency plan in the event of an accident? Yes No
4. Indicate who is responsible for crowd and traffic control: _____
5. Is the parking concession owned or operated by you? Yes No

Fireworks

N/A Note: See Prequalifiers for eligibility.

1. Indicate who will ignite the fireworks? Licensed Pyrotechnician Other (explain in detail): _____
2. Type of pyrotechnic license held: _____ License # _____
3. Is a permit required? Yes No
 If yes, what authority issued the permit: _____
4. Distance between fireworks staging area and audience: _____
5. Are spectators allowed in fireworks staging area? Yes No
6. Describe public fire and safety protection: _____

Seating/Stadiums

N/A Note: See Prequalifiers for eligibility.

1. Number of grandstands or bleachers (if any): Permanent: _____ Temporary/Portable: _____
2. Are back and side railings provided? Yes No
3. Seating capacity: Are all indoor seats assigned? Yes No

Fair/Attractions

N/A Note: See Prequalifiers for eligibility.

1. Are there any amusement devices or rides? Yes No

 If yes, describe: _____
2. Are any of the following present: *If yes and owned or operated by you, attach list and description of each.*
- a. Bounce houses
- b. Inflatables
- c. Paint ball, slat ball
3. Are rides inspected?
 If yes, by whom: _____
4. Do rides have signs clearly marking age, height, and size limitations?

Parade

N/A Note: See Prequalifiers for eligibility.

1. Details and length of parade route:

2. Describe motorized vehicles and/or floats:

3. Are cross streets barricaded? Yes No

4. Are there any animals? Yes No

If yes, explain:

Rodeo, Horse Show, Cattle Show, Etc.

N/A Note: See Prequalifiers for eligibility.

1. Describe event in full detail:

2. Describe spectator protection and separation from chutes, pens, loading zones:

3. Distance between barriers and spectators: **Provide a diagram.**

4. Do the public/spectators participate? Yes No

If yes, explain:

Animal Shows

N/A Note: See Prequalifiers for eligibility.

1. Type of animals:

2. Is there any interaction with the public/spectators? Yes No

Concerts

N/A Note: See Prequalifiers for eligibility.

1. Type of music being performed: Country Pop Rap Hard Rock
 Punk Classical Easy Listening Other:

2. List all performers or groups:

3. Are there any special effects? Yes No

If yes, describe:

Haunted House/Event

N/A Note: See Prequalifiers for eligibility.

1. Describe building and construction:

2. Age:

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 Condition:

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3. Ratio of attendants to the public:

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 Number of persons per group:

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4. Age of clients:

	Yes	No
5. Are children supervised?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there separate entrances and exits?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the house been inspected by a Fire Marshall?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the house meet all local, city and state codes?	<input type="checkbox"/>	<input type="checkbox"/>

9. Describe any temporary structures:

10. Indicate if any of the following are present:

Unlit Stairs Moveable Floors Sinking Floors Slides
 Fire or Flash Powders Suspended Bridges Electric Shock Devices

Describe special effects:

	Yes	No
11. Do you use empty hangmen ropes, knives, swords or similar items? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Are stairwells lit and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have lead and follow-up guides?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have a door monitor?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the public participate in stunts? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there any physical contact with the public?	<input type="checkbox"/>	<input type="checkbox"/>

Motorized Vehicle Event **N/A** Note: See Prequalifiers for eligibility.

1. Type of event (i.e. Mud Rallies, Tractor Pulls, etc.):

2. Track Name:

3. No. Event Dates:	No. Planned for current year:	
	No. Held last year:	

4. Attendance per Event Date:	Average:	Maximum:
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5. Distance from public/spectators:

6. Track Description - Attach diagram showing the following:

- Location of all grandstands/bleachers and any other area where spectators are allowed.
- Shape of track (straight, oval, serpentine, etc.)
- Barriers

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS

ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
