

SPECIAL EVENTS SUPPLEMENT
(Complete in addition to ACORD 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"/>

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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UNDERWRITING INFORMATION

1. Location of Primary Event	Street	City	County	State	ZIP Code
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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: \$ _____
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8. If subcontractors are used (including security, vendors, contractors, pyrotechnicians, ride operators, etc.):

a. Describe services performed: _____

b. Are certificates of insurance on file to you, naming you as Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
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c. Are coverage and limits equal to or greater than applicant's policy limits?	<input type="checkbox"/>	<input type="checkbox"/>
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9. Is there an overnight and/or camping exposure?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, provide details: _____

10. Are any water hazards present?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, explain: _____

11. Describe any products sold by or for you:

Additional Insureds **N/A**

- | | Yes | No |
|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are any Additional Insured's required?
If yes, list name and describe interest of each:
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you required to sign a lease agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you held harmless by others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you agree to hold any third party harmless?
If yes, indicate who: | <input type="checkbox"/> | <input type="checkbox"/> |

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

Traffic Control/Safety **N/A** **Note: See Prequalifiers for eligibility.**

1. Describe security and crowd control arrangements:

2. **Type of Security** **Armed**
- | | | | | |
|------------------------|------------------------------|-----------------------------|----------------------------------|-----------------------------------|
| Employed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Independent/Contracted | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Volunteer Chaperones | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Police Officer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> On Duty | <input type="checkbox"/> Off Duty |
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.**

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are there any amusement devices or rides?
If yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any of the following present: <i>If yes and owned or operated by you, attach list and description of each.</i> | | |
| a. Bounce houses | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Inflatables | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Paint ball, slat ball | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are rides inspected?
If yes, by whom: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do rides have signs clearly marking age, height, and size limitations? | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____ | Condition: _____ |
| 3. Ratio of attendants to the public: _____ | Number of persons per group: _____ |
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:
- | | | | |
|------------------------------------------------|--------------------------------------------|-------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Unlit Stairs | <input type="checkbox"/> Moveable Floors | <input type="checkbox"/> Sinking Floors | <input type="checkbox"/> Slides |
| <input type="checkbox"/> Fire or Flash Powders | <input type="checkbox"/> Suspended Bridges | <input type="checkbox"/> Electric Shock Devices | |
- Describe special effects:
-

- | | | |
|----------------------------------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 11. Do you use empty hangmen ropes, knives, swords or similar items? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 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: |
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
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**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 _____
