

Annual Events Application

Contact Information

Name of Company / Organization: _____

Entity Type: _____

Street Address: _____

City: _____

State & Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Qualification Questions

Do any events include any of the following? Stunts, Yes No
Pyrotechnics, Aircrafts, Car Races, Precision Driving, Mechanical
Amusement Devices, Film Production, Live Rap/Hip-Hop or Metal
Music, or other Hazardous Activities.

Any private armed security? Yes No
(i.e. armed security that work exclusively for you under your employ)

Any event with bounce houses or inflatables? Yes No
(If yes, certificates of insurance are required)

Effective Date of Policy

Date: _____

Signature: _____ Date: _____

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Coverage Options

Inland Marine

Third Party Property Damage	<input type="checkbox"/> 250,000 <input type="checkbox"/> 1,000,000	<input type="checkbox"/> 500,000
Hired and Non-owned Auto Physical Damage (Occ/Agg)	<input type="checkbox"/> 25,000 / 100,000 <input type="checkbox"/> 100,000 / 500,000	<input type="checkbox"/> 50,000 / 200,000

General Liability

General Liability (Occurrence/Aggregate)	1,000,000 2,000,000
Certificates/Blanket Additional Insureds	<input checked="" type="checkbox"/> Included
Waiver of Subrogation	<input type="checkbox"/> Included
Liquor Liability (Occurrence/Aggregate)	<input type="checkbox"/> 1,000,000
Abuse & Molestation (Claim/Aggregate)	<input type="checkbox"/> 50,000 / 100,000

Excess Liability

Per Occurrence / Aggregate	<input type="checkbox"/> 1,000,000 <input type="checkbox"/> 3,000,000 <input type="checkbox"/> 5,000,000	<input type="checkbox"/> 2,000,000 <input type="checkbox"/> 4,000,000
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Automobile

Hired/Non-Owned Liability	<input type="checkbox"/> 1,000,000
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Spectators & Participants Medical

Coverage for Participants	<input type="checkbox"/> Included
Coverage for Spectators	<input type="checkbox"/> Included

Equipment Floater

Owned Equipment (Unscheduled)	<input type="checkbox"/> 2,500 <input type="checkbox"/> 7,500	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000
Musical Instruments/Band Equipment		\$
Extra Expense	<input type="checkbox"/> 25,000 <input type="checkbox"/> 75,000	<input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000
P.A./Sound Reinforcement Equipment		\$
Rented Equipment		\$
Office Contents	<input type="checkbox"/> 25,000 <input type="checkbox"/> 75,000	<input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000
Theatrical Property		\$
Rental Reimbursement (per day)	<input type="checkbox"/> 25,000 <input type="checkbox"/> 75,000	<input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000

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Event Details

	Event 1	Event 2	Event 3
Type of Event			
Name of Event			
Average Daily Spectators			
Average Daily Participants			
Budget (Cost of Event)			
Brief Description of Event			
Venue Name Address City, State Zip			
Location Information	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
Celebrities (if any) at Event			

For Concerts Only

Type of Music			
Music Decade			
Artist Name			

If more than three (3) events, please duplicate this page.