

SPECIAL EVENT LIABILITY APPLICATION

APPLICANT NAME AND ADDRESS: _____

Telephone Number: _____ Fax: _____ Email Address: _____

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

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: _____

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