



Special Event Application

Please note:

- Questions marked in **bold** are required.
- Complete the application as fully as possible to ensure an accurate quote.
- If you have any questions please contact our offices at (804) 754-7610.
- **We do not provide coverage for BYOB (Bring Your Own Bottle) events.**

GENERAL INFORMATION

Named Insured: _____

Applicant's name: _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail address: _____

Describe Applicant's role and responsibility in event: _____

List any Additional Insureds:

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

*****IMPORTANT***** Please note that it is not a requirement to have all the information for Additional Insured prior to quoting/binding. Once coverage is bound we can add Additional Insured to the policy upon written request to our office. Please note that there are certain entities we cannot add to the policy; if you have a specific question about acceptable Additional Insured, please contact our office.

EVENT INFORMATION

Full schedule/description of event: _____

Is this part of a larger function? Yes No

If Yes, please describe: _____

Is there an admission charge? Yes No If Yes, cost per person? _____

Dates of event: _____ to _____

Desired coverage dates: _____ to _____

*Include setup and teardown dates under desired coverage.

Event lasts from: _____ AM/PM to _____ AM/PM

Name of location: _____

City: _____ State: _____ Zip: _____

Location is: Private residence Liquor-Licensed Establishment Indoors

Convention Center Stadium Outdoors Arena Fair Grounds

Other: _____

Does facility require a contract for usage? Yes No

*If Yes, a copy of the contract may be required.

Estimated attendance per day: _____ **Estimated total attendance:** _____

Average age of attendee: _____ Maximum capacity of facility: _____

Attendance is: By Invitation Only Open to the Public

*****IMPORTANT***** If you are looking to hold multiple events/activities for the year, please answer the following questions:

Estimated number of Annual Events (a range is fine for quoting): _____

Estimated annual Gross Receipts (a range is fine for quoting): _____

PAST INFORMATION

Has this event been held before? Yes No

Number of years event has been previously held? _____

Actual total attendance for previous year's event: _____

Have you ever had an insurance claim at an event similar to this? Yes No

If YES, please explain: _____

Has any carrier ever canceled or refused to renew similar insurance coverage? Yes No

If YES, please explain: _____

LIABILITY INFORMATION

Required Limits of Liability: \$1,000,000 occ / \$2,000,000 agg

Excess Liability: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Require Non-Owned/Hired Automobile coverage? Yes No

Require Abuse/Molestation coverage? Yes No

Total Liability Requested: _____

*Total is required liability plus chosen excess liability, if any.

COMMERCIAL GENERAL LIABILITY

Will the event feature rides or mechanical devices? Yes No

Will the event feature inflatables or other rebounding devices? Yes No

If Yes, how many? _____

Will the event feature slides? Yes No Height: _____

Will the event feature animal rides or a petting zoo? Yes No

Will the event feature fireworks or pyrotechnics? Yes No

Are Vendors, Attraction Owners, and Performers required to carry their own insurance?
 Yes No

Will concessionaires provide you with certificate evidencing products liability with your organization named as Additional Insured? Yes No No Concessionaires

Security is provided by: Independent Contractors Employees of the Applicant
 On-Duty Police Off-Duty Police Guard Dogs

Emergency evacuation plan in place? Yes No Unknown

Qualified medical personnel in attendance? Yes No Unknown

Ambulance service in attendance? Yes No Unknown

MUSICAL EVENT INFORMATION

Is this a Musical Event? ___ Yes ___ No

Performance details:

Name: _____ Genre: _____ Local ___ or National ___

Name: _____ Genre: _____ Local ___ or National ___

Name: _____ Genre: _____ Local ___ or National ___

Name: _____ Genre: _____ Local ___ or National ___

PARADE EVENT INFORMATION

Is this a Parade Event? ___ Yes ___ No

Number of floats: _____ Number of marching units: _____

Estimated number of spectators: _____

LIQUOR LIABILITY

Please note: We cannot offer coverage for BYOB (Bring Your Own Bottle) events.

Liquor Liability is: ___ Required ___ Not Required

Is Applicant responsible for the sale of alcohol: ___ Yes ___ No

If Yes, please provide total estimated liquor receipts expected from the sale of alcohol for the event: _____

*****IMPORTANT***** If requesting annual Liquor Liability coverage, please include the estimated TOTAL liquor receipts for that time period: _____

If No, is the venue or third party concessionaire responsible for the sale of alcohol?
_____ Yes ___ No

Estimated total food sales for the event: _____

Estimated number of attendees consuming alcohol daily: _____

Will alcohol be dispensed by a TIPS certified professional bartender? Yes No

If No, please describe how and by whom alcohol will be dispensed: _____

What measures are in place to prevent service of alcohol to minor and/or intoxicated persons?

Does Applicant have a valid liquor license? Yes No

Number of bars or areas at which alcohol will be dispensed at the event? _____

Is alcohol consumption confined to this (these) areas? Yes No

Will there be an open bar? Yes No

Will alcohol be sold by the drink? Yes No Cost per drink: _____

Will there be BYOB? Yes No

FRAUD STATEMENT

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WARRANTY STATEMENT

I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct, and further certify that I have read all the questions and answers on this application. I understand this application is a requirement for coverage, a part of the contract and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company or companies in writing.

Name of Applicant: _____ **Title:** _____

Signature of Applicant: _____ **Date:** _____

FOR BROKER USE ONLY

Name of Authorized Agent or Broker: _____

Name of Agency: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____