

INSURANCE TECHNOLOGIES AND PROGRAMS

A Division of Air Capital Insurance, LLC

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SPECIAL EVENT LIABILITY APPLICATION

INSURED INFORMATION

1. Insured Company Name(Applicant): _____
2. Contact Name:_____
3. Address:_____
4. City:_____State:____ Zip Code:_____
5. Phone:_____ Fax:_____ E-mail:_____
6. No. Years in Operation:_____No. Years w/Present Management_____
7. Responsibilities/Role of Insured (Applicant) in this event:_____

<u>8. Additional Insured Name</u>	<u>Address</u>	<u>Interest in Event</u>
_____	_____	_____
_____	_____	_____

9. Insured's Loss History:

2008 \$ _____	Details: _____
2009 \$ _____	Details: _____
2010 \$ _____	Details: _____
2011 \$ _____	Details: _____

EVENT INFORMATION (Attach a copy of event brochure and/or flyer to this application)

10. Event Name: _____

Event Website Address: _____

11. Event Type: (Check Below as applicable)

Arts & Crafts Festival	Auction	Party
Consumer Show	Convention	Exhibition
Graduation	Meeting/Luncheon/Seminar	Concert (see No. 16-19)
Picnic (See no. 16-19)	Political Rally Reception	Fair/Festival
Walk-a-thon	Wedding/Reception	Music Festival (see No. 16-19)
Chamber of Commerce Event	Sporting Event (See No. 21)	Fundraiser
Beauty Pageant/Fashion Show		

12. Event Start Date: _____ Event End Date: _____
13. Event Start Time: _____ AM PM Event End Time: _____ AM PM

Please note if hours vary by date, please describe:

14. Coverage Start Date: _____ Coverage End Date: _____

Please note if date(s) differ(s) from coverage dates, explain:

15. Number of Years event has been previously held: _____

16. If Concert, Type:

Classical	Comedy	Contemporary	Country	Gospel/Jazz
Opera	Orchestra	R&B	Rock	Symphony

17. Is Seating Assigned? Y/N

18. Is Live Music part of event: Y/N **If yes, what type of music:** _____

19. If Concert and/or Live Music event, please provide Name(s) of Performer(s)/Entertainer(s): _____

20. Does the event include a Parade? Y/N

If yes: # Units (Marching Band, float, car, etc.) **Is 1 unit:** _____ **# Floats** _____

Anything thrown from float? Y/N **If yes, describe** _____

Length (Blocks): _____ Length (Time): _____ #Est. spectators: _____

21. If Sporting Event, please describe: _____

(EXCLUDES PARTICIPANTS) # of Spectators: _____

22. Is Food offered at the Event? Y/N **If yes, Served by:** Insured Other Not Applicable

23. Is Liquor offered at the Event? Y/N **If yes, who is responsible for serving?** _____

Do they have a current liquor permit? _____ **(Complete No. 45-50)**

24. Is there a charge for admission? Y/N **If yes, please indicate cost per person** _____

25. Is this event part of a larger function? Y/N **If yes, describe** _____

26. Max Daily Attendance: _____ Total Attendance: _____ Total Volunteers: _____

Avg. Age of Attendees is: _____ Event is: Private Open to the Public

27. Vendors/Exhibitors: Total # _____ Food & Beverage# _____ Arts& Crafts _____ Other# _____

28. Will the event feature any of the following activities?:

Rodeos	Y/N	Animals	Y/N
Mechanical amusement rides Owned/operated by you	Y/N	Skating at permanent or temporary park.rink	Y/N
Child Care Operations	Y/N	Cattle drives or trail rides	Y/N
Aircraft	Y/N	Camping/Lodging	Y/N
Fireworks discharged by you	Y/N	Motor Sports	Y/N
Motorized watercraft	Y/N		
Year around exposures not Typical to a festival	Y/N		

29. Do you have certificates of insurance naming your organization as additional insured from the following subcontractors?

Amusement Ride Operator	Yes No N/A	Motor Sports Events	Yes No N/A
Pyrotechnician	Yes No N/A	Trams, Buses, Movers	Yes No N/A

VENUE INFORMATION (answer as applicable to the Event(s) named in No. 11)

30. Name: _____ City: _____ State: _____

Venue Contact Name: _____ Phone: _____ Website: _____

31. Type: Private Residence Stadium Convention Center
 Fair Grounds Arena Liquor-Licensed Establishment
 Indoor Outdoor

32. Does facility require a contract for usage? Y/N **If yes, provided a copy of contract(s).**

33. Seating Structure: Permanent Temporary Not Applicable

If Temporary, name of installation firm:

Seating Type: Bleacher Stadium Folding Chairs

Is the applicant an Additional Insured? Y/N **Seating Capacity: _____**

34. Staging Present: Y/N Provided by: Insured Subcontractor Venue

Staging Type: Permanent Temporary **Is Applicant an Additional Insured? Y/N**

35. Tents Available: Y/N Provided by: Insured Subcontractor Venue

Is the applicant an Additional Insured? Y/N

36. Temporary Lights Provided? Y/N Provided by: Insured Subcontractor Venue

Is the applicant an Additional Insured? Y/N

37. Parking: Provided by: Insured Other

38. Auto Liability Required? Y/N 39. Ushers: Y/N

40. Security Available? Y/N **Security Type:** Armed Unarmed Not Applicable

Contracted by: Insured Facility

Number of Security Personnel: _____

BROKER INFORMATION

41. Company Name: _____ Contact: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ E-mail _____

42. Do you have E&O Insurance? Y/N ***Note: proof of E&O insurance required to bind coverage***

43. Is the Agency/Brokerage Licensed? Y/N ***Note: Proof of licensure required to bind coverage***

LIQUOR LIABILITY

Quotation Required? Y/N

(Complete this Section if NO. 23 answered "Yes")

44. Estimated # of Attendees consuming alcohol daily: _____

45. Is Applicant the only vendor of alcohol at this event? _____

If no, List names of other vendors: _____

Are all the participating alcohol vendors required to carry minimum Liquor Liability Limits for the Event? Yes or No **If yes, what is the minimum requirement?** _____

46. Will alcohol be dispensed by a Professional Bartender? Yes or No

If no, who will be serving the alcohol? _____

Describe training and/or experience of persons serving alcohol: _____

What measures are in place to prevent the service of alcohol to minor(s) and/or intoxicated persons? _____

47. Does the applicant have a valid liquor licenses? Yes or No

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

Is alcohol consumption confined to these areas? Yes or No

If no, please provide details: _____

Will there be an open bar? Yes or No

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

Is the event BYOB (Bring your own bottle) allowed? Yes or No

50. Estimated alcohol gross receipts per day: _____

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this application does not bind me to complete the insurance but agree that should an insurance policy be issued, this application and the statements made therein shall form the basis of the insurance policy.

PRINT NAME OF APPLICANT

TITLE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF BROKER

DATE