



SPECIAL EVENT LIABILITY APPLICATION

APPLICANT NAME AND ADDRESS: _____

Telephone Number: _____

LOCATION OF EVENT: _____ TERM REQUESTED: FROM _____ TO _____

DESCRIPTION OF EVENT(If printed material is available, attach) _____

REQUESTED LIMITS OF LIABILITY:\$ _____ PRODUCTS? _____

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? Yes No – Do they have their own insurance? _____

Food or beverage sold or served by applicant? Yes No – If yes, give details _____

Additional insured/certificate holders: List below, indicating relationship: _____

Please provide complete description of event _____



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

Date: _____

 Applicant Signature

 Producer Name & Address