



16. Type of Seating
- a. Seat construction:  Temporary  Permanent
- b. Seating is:  Reserved  General Admission
- c. Type of seating provided:  Bleacher  Stadium  Grandstand  Theatre  Folding Chairs  
 Other \_\_\_\_\_
17. If the event is outdoors, does the event end ninety minutes prior to sundown?  Yes  No  
If no, is permanent lighting over all spectator areas and all parking lots?  Yes  No
18. If a stage is involved, is it:  Temporary  Permanent  
If temporary, who is responsible for set up of same?  Applicant  
 Other (name) \_\_\_\_\_  
If other than Applicant, is a Certificate of Insurance provided?  Yes  No  
Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_  
Is Applicant named as an Additional Insured thereon?  Yes  No
19. If a tent is involved, who is responsible for set up of same?  Applicant  
 Other (name) \_\_\_\_\_  
If other than Applicant, is a Certificate of Insurance provided?  Yes  No  
Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_  
Is Applicant named as an Additional Insured thereon?  Yes  No
20. Is temporary lighting involved?  Yes  No  
Who is responsible for hook-up of same?  Applicant  
 Other (name) \_\_\_\_\_  
If other than Applicant, is a Certificate of Insurance provided?  Yes  No  
Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_  
Is Applicant named as an Additional Insured thereon?  Yes  No
21. Are ushers used?  Yes  No Who provides?  Applicant  
 Other (name) \_\_\_\_\_
22. Number of vendors/trade booths \_\_\_\_\_  
Kinds of goods sold or displayed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
23. Are all goods finished products or are there any on site demonstrations of skills (i.e., any blacksmithing, candle making, cooking, etc.) done at the Event?  Yes  No  
If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
24. Are vendors/trade booths required to provide a Certificate of Insurance?  Yes  No  
Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_  
Is Applicant named as an Additional Insured thereon?  Yes  No
25. Describe how Event is being advertised. \_\_\_\_\_  
\_\_\_\_\_

26. Provider of food and/or drink:  Applicant  Other (name) \_\_\_\_\_  
 If other than Applicant, is a Certificate of Insurance provided?  Yes  No  
 Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_  
 Is Applicant named as an Additional Insured thereon?  Yes  No
27. If there is a Liquor exposure, is there a Liquor Legal Liability Policy in force?  Yes  No  
 Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_  
 Is a Certificate of Insurance provided?  Yes  No  
 Is Applicant named as an Additional Insured thereon?  Yes  No
28. Are there cooking facilities on the premises?  Yes  No  
 If yes, type of fire protection present. \_\_\_\_\_
29. Is Applicant providing any overnight camping facilities or other accommodations?  Yes  No  
 If yes, describe. \_\_\_\_\_
30. Party responsible for providing security (name) \_\_\_\_\_  
 If Applicant, is security provided by:  Employees  Outside security firm  
 If outside security firm, are they providing Certificate of Insurance?  Yes  No  
 Limit \$ \_\_\_\_\_ Is Applicant named as Additional Insured thereon?  Yes  No  
 Security provided by Applicant or Other is:  Armed  Unarmed
31. Describe protection being set up between the street and sidewalks, if the Event is being held on a street or other public place of vehicular access. \_\_\_\_\_  
 \_\_\_\_\_
32. Does the Event involve a parade?  Yes  No  
 Number of units in parade \_\_\_\_\_ (a marching band, a float, a car carrying personalities, etc. is each considered one unit)  
 Number of floats \_\_\_\_\_ Is anything thrown from any of the floats?  Yes  No  
 If yes, describe. \_\_\_\_\_  
 Length of parade in blocks \_\_\_\_\_ Length of time \_\_\_\_\_  
 Estimated number of spectators at parade \_\_\_\_\_
33. Is Applicant signing any Hold Harmless Agreements?  Yes  No  
 If yes, with whom and assuming responsibility for what? \_\_\_\_\_  
 \_\_\_\_\_
34. Is Applicant being Held Harmless by others?  Yes  No **Attach Copy of Agreement if available.**  
 If yes, by whom and describe extent of same. \_\_\_\_\_  
 \_\_\_\_\_
35. Has the Event been held by the Applicant in the past?  Yes  No Number of years \_\_\_\_\_  
 Provide details of all losses, claims or incidents, insured or uninsured, in all Events in the past 5 years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

36. Attach five year insurance company loss history.

Describe any losses over \$5,000 in detail. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Present insurance has been: (NOT APPLICABLE IN MISSOURI)

Cancelled     Insurance Carrier refused to renew     None of these

Explain: \_\_\_\_\_

**VERY IMPORTANT**

1. Attach copies of all Lease and Hold Harmless Agreements.
2. Attach a copy of brochure of this Event.
3. Include a diagram of location(s) to be used.
4. Allow enough time to finalize total program, including full premium payment ten (10) days prior to your Event.

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING**

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
 Federal Employer I.D. No. \_\_\_\_\_  
 By \_\_\_\_\_  
 Title \_\_\_\_\_

Agent/Broker \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

## **FRAUD WARNING**

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

**NOTICE TO ALL OTHER STATE APPLICANTS:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**