



## FESTIVAL APPLICATION

### SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Lease agreement between the insured and venue / facility owner (if applicable)
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- Safety Program and training guide for employees
- If other named insureds are to be included, attach list and describe operations of each
- Diagram of location (If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders, adjacent buildings, and landscape features.)

### BROKER INFORMATION

Broker/Agency Name:			
Address:		City:	State: Zip:
Contact Person:			
Contact Information:		Phone #:	Fax #:
		E-Mail:	Website:

### GENERAL APPLICANT INFORMATION

Name of Insured:			Website:		
Insured Street Address:		City:	State:	Zip:	
Contact Person:					
Contact Information:		Phone #:	Fax #:		
		E-Mail:			
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	Federal ID #:		
Date of Incorporation or Charter:		State where Charter or Corporation is filed:			
Name of Owner:					
Name of Insurance Contact:					

### POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

*\*Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

### COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Other
General Liability				
Products, Completed Operations				
Personal & Advertising Injury				
Legal Liability				
Abuse & Molestation				
Liquor Liability				
Special Events				
Participant Legal Liability				
Other - Describe				



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SPECIALTY INSURANCE GROUP™

**ADDITIONAL INSUREDS – Provide name, description and business relationship**

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

**UNDERWRITING INFORMATION: FESTIVAL INFORMATION**

**Please describe location of event on separate sheet and/or attach diagram.**

Is there a charge for admission of public? <i>If Yes, admission price: \$</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Festival Dates:	
How many years has event been held?	
Gross receipts last year (all sources): \$ _____	Projected gross receipts this year (all sources): \$ _____
Estimated attendance last year: _____ people	Projected attendance this year: _____ people
Last year's budget: \$ _____	This year's budget: \$ _____

**SECURITY INFORMATION**

**If private firm, attach copy of Certificate naming applicant as Additional Insured.**

Security Protection – Type:	Number:	Armed?:
<input type="checkbox"/> Uniformed Police Officers		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Undercover Police Officers		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Private Security Officers		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of insured's security companies provide a certificate of insurance? <i>If Yes, please attach.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

**MEDICAL INFORMATION**

Describe medical facilities during event:
Type of medical facility/ambulance provided:
Describe fire protection for event:
Does event comply with city, state, county, and township building, safety, and fire codes? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PRODUCTS INFORMATION**

**Describe products sold by insured (do not include products sold by sublet vendors):**

Product Description:	Estimated Sales (\$):	Estimated Sales (Units):
	\$	
	\$	
	\$	
	\$	
	\$	
Does insured assume the liability of others by contract? <i>If Yes, attach contracts or summary.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No



**GRANDSTAND / BLEACHERS INFORMATION**

Does insured own grandstands or bleachers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of insured's bleachers leased or rented? <i>If Yes, do you receive a Certificate of Insurance? If Yes, please attach.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured contract with a firm providing maintenance and cleaning services? <i>If Yes, do you receive a Certificate of Insurance? If Yes, please attach.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please describe:**

Location of set up during event:	Construction:	Capacity:	Age:

**HIRED AND NON-OWNED AUTO LIABILITY**

**Complete this section if you need a quote for Hired and Non-Owned Auto Coverage. If you do not need a quote for Hired and Non-Owned, skip this section.**

Does the insured have any owned automobiles? <i>If Yes, who is the insurer?</i> Limits of coverage: \$ _____ Effective date of coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured allow employees to use their own personal vehicles for business purposes? <i>If Yes, how many employees use their personal vehicles? _____</i> <i>If Yes, how often?</i> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured obtain Motor Vehicle Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? <i>If Yes, what limits are required? \$ _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other	



**ABUSE AND MOLESTATION**

**Complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote, skip this section.**

Does the insured have custodial responsibility for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured's employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured run background checks on all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a written set of procedures for screening employees and volunteers? <i>If Yes, please forward. If No, please describe screening process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have an Abuse & Molestation Policy with regard to sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe specific policy regarding any overnight travel.	
Has insured's organization ever had an incident which resulted in an allegation of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate age range of minors in insured's care or under the supervision of insured's employees/volunteers at any time.	

**\*If Insured requires Tenant Users Liability Insurance Protection, please complete supplemental app on website.**



## Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:	
1. Company loss runs currently valued for the past 5 years including current year	<input type="checkbox"/>
2. Copies of expiring policies including any manuscript forms	<input type="checkbox"/>
3. Detailed list of all insureds and their descriptions	<input type="checkbox"/>
4. Detailed list of all insured locations and their descriptions	<input type="checkbox"/>
5. List & description of any ancillary activities to be covered	<input type="checkbox"/>
6. Copies of all event brochures you participant in	<input type="checkbox"/>
7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	<input type="checkbox"/>
8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc.	<input type="checkbox"/>
9. Copy of adult and minor waiver and release and/or assumption of risk forms	<input type="checkbox"/>
10. Copy of your procedures for screening employees and volunteers	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

**I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_

Signature of Owner, Partner, Member, Principal, or Officer      Applicant's Printed Name: \_\_\_\_\_  
 Authorized to Sign as Applicant

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_ License#: \_\_\_\_\_



**THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.**

## **STATE SPECIFIC FRAUD WARNINGS**

### **GENERAL STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

### **APPLICABLE IN COLORADO**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **APPLICABLE IN THE DISTRICT OF COLUMBIA**

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.

### **APPLICABLE IN FLORIDA**

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

### **APPLICABLE IN HAWAII**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **APPLICABLE IN MINNESOTA**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **APPLICABLE IN NEW HAMPSHIRE**

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.

### **APPLICABLE IN OHIO**

Any person who, with intent to defraud or knowing that he/she 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.

### **APPLICABLE IN OKLAHOMA**

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.

### **APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

### **APPLICABLE IN WASHINGTON**

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.