



SPECIAL EVENT 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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ADDITIONAL INSURED – Provide name, description and business relationship

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

UNDERWRITING INFORMATION

EVENT INFORMATION

Name of Event:			
Location of Event (Venue/Address) Street:		City:	State: Zip:
Dates of Event:			
Event Times*: _____ A.M. / P.M. to _____ A.M. / P.M. <i>*Use earliest beginning time and latest end time of event each day.</i>			
Is the event indoors or outdoors?		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
Has this event been held by insured in the past? <i>If Yes, number of years/times:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the insured's experience in producing this type of event:			
Event Manager:			
Event Risk Manager:			
Will this event feature any of the following:			
<input type="checkbox"/> Animal Exposures or Petting Zoos		<input type="checkbox"/> Hypnotism	
<input type="checkbox"/> Amusement Rides		<input type="checkbox"/> Inflatables	
<input type="checkbox"/> Audience Participation		<input type="checkbox"/> Liquor*	
<input type="checkbox"/> Contests		<input type="checkbox"/> Motorsports*	
<input type="checkbox"/> Demonstrations		<input type="checkbox"/> Parades*	
<input type="checkbox"/> Exhibitions		<input type="checkbox"/> Services Performed on Attendees (e.g. henna tattoo, piercing, massage)	
<i>*If any of these event features apply, please complete appropriate section of this application or supplemental application.</i>			
Venue Capacity:	Estimated daily attendance:	Maximum daily attendance:	
Number of Tickets Printed: _____		Number Sold To Date: _____	
Price of Admission: \$ _____		Number of Employees: _____	
Estimated Gross Receipts: \$ _____		Estimated Payroll: \$ _____	
Describe admission(e.g. by invitation, ticket, free, pre-registry):			
Are overnight accommodations or camping facilities provided for the event attendees or contracted for by the event organizer? <i>If Yes, please provide a copy of the contract.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the event have vendors or exhibitors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, do you require that each vendor/exhibitor carries insurance and lists you as an additional insured?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If No, do you require a vendor hold harmless/indemnification agreement (in your favor) be signed?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there musical/entertainment performers? <i>If Yes, please list below.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What types of concessions are sold?			
Will concessionaires provide you with Certificates on Insurance evidencing products liability with your organization as Additional Insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any Touring involved? <i>If Yes, attach a copy of the Tour Schedule.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	



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PERFORMER / ENTERTAINER INFORMATION

Performer / Entertainer Name	Type of Music/Program	Does the Performer / Entertainer have insurance?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

RESPONSIBILITIES

Please specify who has responsibility for the following event day operations:

Operation	Insured	Facility	Subcontractor/Other (please list)
Facility Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of event area	<input type="checkbox"/>	<input type="checkbox"/>	
Concessions - Non Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	
Concessions – Alcohol*	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	
Parking	<input type="checkbox"/>	<input type="checkbox"/>	
Security*	<input type="checkbox"/>	<input type="checkbox"/>	
Premises Defects	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation*	<input type="checkbox"/>	<input type="checkbox"/>	
Fireworks*	<input type="checkbox"/>	<input type="checkbox"/>	
Parade*	<input type="checkbox"/>	<input type="checkbox"/>	

**If the insured handles this function, a separate application is required.*

Please provide copies of all facility/venue agreements and/or subcontractor agreements.

SECURITY INFORMATION

Describe security protection:
Describe procedures for patron eviction and/or arrests:
Describe the precautions taken to prevent spectators from entering restricted areas. If an outdoor event, describe fencing and other means to prohibit entry by non-ticket holders:
Describe safety measures and risk management plans in force (e.g. parking, crowd control, evacuation procedures):
Who provides security? <input type="checkbox"/> Applicant <input type="checkbox"/> Employees <input type="checkbox"/> Outside Firm <input type="checkbox"/> Venue <input type="checkbox"/> Other (please describe):



Indicate if Video Surveillance used: <i>If used, please describe:</i>	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
Describe type of medical facility/ambulance provided:	
Distance to nearest hospital:	
Is First Aid provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, number of medical personnel on site:</i> <input type="checkbox"/> EMTs: _____ <input type="checkbox"/> Nurses: _____ <input type="checkbox"/> Doctors: _____ <input type="checkbox"/> Other: _____	
Is a stage used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If stage is used, please describe stage: Type: _____ Stage Height: _____ Stage Width: _____ <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
<i>If permanent, what systems or physical characteristics keep spectators off stage?</i> If temporary, who is responsible for set up of stage? <input type="checkbox"/> Insured <input type="checkbox"/> Other (Please list):	
Grandstand: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Type: _____ Number: _____ Age in Years: _____	
If temporary bleachers used, do you require a Certificate of Insurance naming you as an additional insured from the owner of the bleachers? <i>If Yes, please attach.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of attendance will be festival seating; i.e., non-reserved?	
How long before scheduled performance time will you allow entry of spectators?	
Are ushers used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, indicate who is providing:</i> <input type="checkbox"/> Applicant <input type="checkbox"/> Other (please describe):	
Describe number and types of gates and turnstiles:	
Who is responsible for pre-event inspection of the event premises?	
Does the insured have custodial responsibility for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, is abuse coverage desired?</i> <i>If Yes, please complete supplemental Abuse application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any other underlying coverage be provided for this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How is this event being advertised?	
Is facility in compliance with city, state, and township building, safety, and fire codes? <i>If Yes, please describe.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your organization is a member of a trade group or sanctioning body which hold insurance and/or risk management seminars and/or meetings, indicate name of association:	
Is this a sanctioned event? <i>If Yes, name sanctioning organization</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you have remote parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARKING AREA

Describe Parking Area: type of surface, level, sloped, lighting etc.:	
Is any Shuttle Service or Valet Service provided? <i>If Yes, describe and list all drivers/attendants:</i>	<input type="checkbox"/> Shuttle <input type="checkbox"/> Valet <input type="checkbox"/> Neither
Is Parking Area Security Patrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Parking Area have sufficient lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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ACTIVITIES INFORMATION

Details of all Scheduled Activities (attach a separate sheet if needed)

Date	Main Activity	Estimated Attendance	Other Activities	Location(s)

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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage: \$ _____ Effective date of coverage: _____	
Does insured allow employees to use their own person vehicles for business purposes? <i>If Yes, how many employees use their personal vehicles?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, how often?</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
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.	



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. Copy of contract for all Third Party Subcontractors	<input type="checkbox"/>
6. If participant bodily injury liability is required, provide copies of waiver and release of liability and information on Participant Accident Medical coverage	<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
Authorized to Sign as Applicant

Applicant's Printed Name:

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.