

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

## Application For Special Event Liability

**GENERAL INFORMATION:**

1. Name of Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Applicant's Web Site Address: \_\_\_\_\_

2. Applicant is:            Individual                    Corporation  
                                   Partnership                Other (Explain) \_\_\_\_\_

Applicant's interest in this event? \_\_\_\_\_

Names of other individual(s) or group(s) taking part in or sponsoring this event: \_\_\_\_\_

3. Location where event is to take place:  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Location is:            Arena                    Convention Center            Fairgrounds  
                                   Public Park            Private Residence            Stadium  
                                   Other (Describe)\* \_\_\_\_\_

Event is being held:                                    Indoor                                    Outdoor

5. Type of event?  
                                   Concert/Musical Performance            Picnic  
                                   Fund Raiser                                    Convention/Trade Show  
                                   Parade    Company Picnic  
                                   Sporting Event                                Political Event  
                                   Other (describe)\* \_\_\_\_\_

Give full description of events and schedules, and purpose of event. **(Attach copy of brochure and/or flyer)\***

Web site address: \_\_\_\_\_

Is this part of a larger event?    Yes                    No

If yes, please describe:\* \_\_\_\_\_

6. Dates of Event:                   From \_\_\_\_/\_\_\_\_/\_\_\_\_                   To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours of Event:                   From \_\_\_\_/\_\_\_\_/\_\_\_\_                   To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective Dates Desired:       From \_\_\_\_/\_\_\_\_/\_\_\_\_                   To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*If multiple event dates, attach schedule.**

7. Is there an admission fee?    Yes                    No

If yes, what is the price of admission? \_\_\_\_\_ Estimated gross receipts: \_\_\_\_\_

Is admission:    General Admission                    By invitation only

Total estimated attendees per day \_\_\_\_\_ Total estimated for event: \_\_\_\_\_

What is maximum capacity of location holding event? \_\_\_\_\_

Average age of attendee is: \_\_\_\_\_

8. What type of seating will be provided?  Bleachers  Open Field  Grandstand  Stadium  
 Other \_\_\_\_\_  
 Is seating:  Temporary  Permanent  
 If temporary, who is responsible for set up? \_\_\_\_\_
9. Are there any water hazards present?  Swimming Pool  Lake  Pond  
 Other (describe) \_\_\_\_\_

**EVENT HISTORY:**

10. Has this event taken place before?  Yes  No  
 How many years? \_\_\_\_\_  
 What was the previous attendance? \_\_\_\_\_  
 Has applicant had previous insurance for this or any similar event?  Yes  No  
 Prior carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_  
 Have there been any losses in the past five years?  Yes  No

**If yes, please attach company hard copy currently valued loss runs.**

**GENERAL LIABILITY:**

11. Limits of Liability Requested: \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
12. Name of any Additional Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Additional Insured's interest in this event: \_\_\_\_\_
13. Will there be any live music?  Yes  No  
**If yes, what type of music?** \_\_\_\_\_  
 Provide name of entertainer: \_\_\_\_\_  
 Any other type of entertainment?  Yes  No  
**If yes, please describe** \_\_\_\_\_  
 Any stage pyrotechnics?  Yes  No  
 If yes,  Indoor  Outdoor  
 Do you require all musicians/entertainers to provide you with a Certificate of Insurance?  Yes  No  
 What limits of liability do you require? \_\_\_\_\_  
 Are you named as an Additional Insured?  Yes  No
14. Describe any electrical or stage construction work performed by or for the proposed insured\*: \_\_\_\_\_

15. If a sporting event, advise: # of participants \_\_\_\_\_  Professional  Amateur  
 Age of participant: \_\_\_\_\_ Under 18 \_\_\_\_\_ Over 18 \_\_\_\_\_  
 # of games \_\_\_\_\_ # of races \_\_\_\_\_  
 Is coverage desired for participants?  Yes  No  
 Describe distance and protection between spectators and participants (**attach diagram**)\*: \_\_\_\_\_

Describe any participation by spectators: \_\_\_\_\_

16. If a political event, advise:  National event  State event  Local event  
 Name of political figure and title: \_\_\_\_\_  
 Describe purpose of event: \_\_\_\_\_

17. Will there be carnival or amusement type rides?  Yes  No  
**If yes, please provide a list of carnival/amusement rides including inflatables\*** \_\_\_\_\_
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- Do amusement ride operators carry own insurance?  Yes  No  
 If so, at what limits \_\_\_\_\_?  GL  Work Comp  
 Do you require Certificate of Insurance from all operators?  Yes  No  
 Do you require all operators to name you as an Additional Insured on their policy?  Yes  No
18. Will there be any animals on display or petting zoos?  Yes  No  
**If yes, please provide details and list of animals\*** \_\_\_\_\_  
 Any saddle animals or carriage rides?  Yes  No  
 If yes, please provide details \_\_\_\_\_
19. Describe types of products sold or displayed by concessionaires: \_\_\_\_\_  
 How many concessionaires will be attending event? \_\_\_\_\_  
 Will alcohol be served?  Yes  No If yes, by applicant or independent vendors? \_\_\_\_\_  
 Will Liquor Liability coverage be obtained?  Yes  No If yes, at what limits? \_\_\_\_\_  
 Do you require all concessionaires to provide you with a Certificate of Insurance?  Yes  No  
 What limits of liability do you require? \_\_\_\_\_  
 Are you named as an Additional Insured?  Yes  No
20. Will there be any firework displays?  Yes  No  
 Name of pyrotechnician: \_\_\_\_\_  
 Licensed?  Yes  No  
 Any affiliation between organization and pyrotechnician?  Yes  No  
**If yes, please provide details** \_\_\_\_\_  
 Will fire department and ambulance be on hand?  Fire  Ambulance  
 Provide name and address of person or organization putting on display:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Do you require them to provide you with a Certificate of Insurance?  Yes  No  
 What limits of liability do you require? \_\_\_\_\_  
 Are you named as an Additional Insured?  Yes  No
21. Describe type of Security and measures provided: \_\_\_\_\_  
 \_\_\_\_\_
- Who provides Security?  
 Employees of Applicant  Local or State Police  Independent Firm or Contractor  
 Armed  Unarmed  
 If Independent Firm/Contractor:  
 Do you require them to provide you with a Certificate of Insurance?  Yes  No  
 What limits of liability do you require? \_\_\_\_\_  
 Are you named as an Additional Insured?  Yes  No

**FIREWORKS WARRANTY CLAUSE**

- All fireworks will be displayed not less than 50 yards away from spectators and automobile parking lots.
- All displays will be aimed away from spectators and parking areas.
- A test display will be shot into the air at least one hour before the actual display.
- Fireworks that have been wet prior to the display will not be used.
- All fireworks will be purchased from a USA Distributor or Manufacturer.
- Area will be policed for all debris upon completion of firing the display and policed and inspected for debris again the next morning.
- Pyrotechnicians are specifically excluded from all liability coverage.

22. Do you understand that the above warranty will become a part of any fireworks liability coverage issued:

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

Producing Agent: \_\_\_\_\_

**\*IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET.**