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Special Event Supplemental General Liability Application

(Complete in addition to ACORD General Liability Application)

Name of Agent: _____

Name of Applicant: _____

Mailing Address: _____

Web site Address: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Location address of event: _____

1. Description of event (attach any flyers, brochures, etc.): _____

Maximum daily attendance: _____ Total attendance: _____ Sales: \$ _____

Length of event: _____ Estimated age group of audience: From _____ to _____

No. of Participants: _____ Do participants sign waiver of liability agreements? Yes No

2. Applicant's experience in conducting events of this or similar nature: _____

Is applicant an event coordinator?..... Yes No

3. If applicant is the sponsor, does the operator have liability insurance? Yes No

If yes, name of insurance carrier: _____

Policy limits of liability: \$ _____

4. Entertainment:

A. Will live entertainment be provided? Yes No

If yes, describe: _____

B. Is event a rave, rave dance or rave party? Yes No

C. Will there be a concert? Yes No

If yes:

(1) Type of music:

- Alternative Country/western Hard core Jazz Rap
- Blue grass Gospel Heavy metal R&B Rock
- Classical Gothic Hip-hop Other (describe): _____

(2) Name of performer or group: _____

(3) Any special effects for the concert?..... Yes No

If yes, describe: _____

5. Hold-harmless Agreements:

A. Is applicant held harmless by others?..... Yes No

B. Does applicant agree to hold any third-party harmless? Yes No

If yes, who? _____

C. Is applicant naming anyone as additional insured? Yes No

If yes, who and why? _____

6. Fireworks:

A. Will there be a fireworks display? Yes No

B. Will a licensed pyrotechnician ignite the fireworks?..... Yes No

If no, advise who will ignite: _____

C. Is person igniting fireworks insured for this operation?..... Yes No

D. Distance between fireworks staging area and audience: _____

E. Spectators allowed in fireworks staging area?..... Yes No

F. Will firemen be present? Yes No

G. Will fireworks be sold? Yes No

7. First Aid:

Will first aid facilities be provided at the event?..... Yes No

If yes, describe: _____

Who will be in charge of the facilities? Doctors Nurses Others: _____

8. Liquor:

A. Is liquor to be served by applicant? Yes No

If yes, explain: _____

B. Does applicant want Host Liquor? Yes No

C. Is liquor to be served by others?..... Yes No

If yes, do they have Liquor Liability coverage? Yes No

9. Rides/Attractions:

A. Will inflatables be utilized? Yes No

If yes, advise: _____

B. Will rides be provided?..... Yes No

If yes, type of rides: _____

C. Will ride operators hold applicant harmless? Yes No

D. Does applicant have certificates of insurance from the ride vendors? Yes No

E. Rides inspected?..... Yes No

F. Do rides have signs clearly marking age, height and size limitations?..... Yes No

G. Will applicant be in compliance with state laws regulating amusement ride inspections? Yes No

10. Security:

A. Indicate type and number of each per the following:

Chaperons: _____ Independent security co.: _____

Employed security: _____ Off-duty police: _____

B. Is there a written emergency plan in the event of an accident? Yes No

C. Does independent security company provide a certificate of insurance? Yes No

D. Do they hold the applicant harmless? Yes No

11. Stadiums:

A. Are bleachers or platforms to be used? Yes No

If yes, type: portable permanent

B. Back and side railings provided? Yes No

C. Construction: Wood Steel Concrete

D. Height in feet: _____ Age of bleachers or platform: _____

E. Are patrons protected from, and warned against, potential flying objects? Yes No

F. Are patrons allowed on the field, track or pit area? Yes No

G. Is public address system clearly audible in all parts of the facility? Yes No

H. Is there a backup electrical supply for lighting and the public address system? Yes No

I. Are premises entrances/exits well lit? Yes No

12. Traffic Control:

A. Who is responsible for crowd and traffic control? _____

B. Are parking areas smooth with clearly marked parking areas and exit roads? Yes No

13. Does applicant have other business ventures for which coverage is not required? Yes No

If yes, explain and advise where insured: _____

14. Bicycle/Running Event:

A. Is the route surface free of hazards and clearly marked? Yes No

B. Will all pedestrians and vehicular traffic be rerouted? Yes No

15. Christmas Tree Lot/Farm:

A. Are customers allowed to cut their own trees? Yes No

B. Number of lots and/or farms: _____

16. Under 21 Dance, Grad Night or Prom:

A. Are students allowed to leave and return? Yes No

B. Are chaperons provided? Yes No

C. Is security provided? Yes No

If yes, describe and advise if armed: _____

17. Haunted House:

A. Describe building and construction: _____

B. Age: _____ Condition: _____

C. Are there separate entrances and exits? Yes No

D. Has the house been inspected by a Fire Marshall? Yes No

E. Does the house meet all local, city and state codes? Yes No

F. Describe any temporary structures: _____

- G.** Are any of the following present? Yes No
- Unlit stairs Moveable Floors Sinking Floors
- Slides Suspended Bridges Electric Shock Devices Fire or Flash Powders

H. Describe special effects: _____

- I.** Does applicant have lead and follow-up guides? Yes No

J. Ratio of attendants to the public: _____ Number of persons per group: _____

- K.** Age of clients: _____ Are children supervised? Yes No

- L.** Does applicant have a door monitor? Yes No

- M.** Does applicant have the public participate in stunts? Yes No

- N.** Does anyone touch the public? Yes No
If yes, explain: _____

- O.** Does applicant have a gift shop or concession stand? Yes No
If yes, receipts: _____

18. Parade:

- A.** Are cross streets barricaded? Yes No

- B.** Will souvenirs or other items be thrown into the crowd? Yes No
If yes, what is thrown: _____

C. Animals in the parade are: _____

- D.** Are all of the animals insured against third-party liability claims by the owner? Yes No
If yes, what are the minimum liability limits required of the owners: _____

E. Length of parade route: _____ Number of floats: _____ Number of Equestrians: _____

F. Number of bands: _____ Number of motorized vehicles and/or floats: _____

- G.** Is parade route able to handle size and height of floats? Yes No

19. Political Rally:

Please describe: _____

20. Pumpkin Patch (temporary retail lot):

- Is any pumpkin patch in conjunction with farm operations? Yes No

21. Rodeo:

A. Name(s) of rodeo promoter/company/stock contractor: _____

- B.** Does the rodeo board the stock in the applicant's facility overnight? Yes No

- C.** Does the rodeo company maintain responsibility for security of stalls/pens used to board the stock? Yes No

- D.** Are the transfer areas between the animal pens and the competition restricted from the general public? Yes No

- E.** Rodeo arena specifics: Indoors Outdoors Permanent Temporary

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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. (Not applicable in Nebraska, **Oregon and Vermont.**)

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 policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

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 OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 OKLAHOMA APPLICANTS: 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 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____