



**James River Insurance Company  
and its Subsidiaries**  
6641 West Broad Street, Suite 300  
Richmond, VA 23230

**Special Events Supplemental Application**

**SPORTS & ENTERTAINMENT  
Division**  
Email to SE@jamesriverins.com

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

**Additional information required for this submission:**

- ACORD application
- Five year currently valued loss runs for general and liquor liability (*where coverage is desired*)
- CV/resume (*if less than 3 years experience*)
- Diagram of location (*if outdoors indicate fencing, stage(s), spectator areas, parking, adjacent buildings, and landscape features*)
- Brochure/marketing materials
- Venue rental application
- Standard vendor/subcontractor agreement

**SECTION I – GENERAL INFORMATION**

Applicant name:		
Address:		
City:	State:	Zip:
Phone:	Ext:	Website:
Name of event:		
Location of event:		
Type of entity: <input type="checkbox"/> For profit <input type="checkbox"/> Non-profit		

**SECTION II – EVENT INFORMATION**

1. Advise the type of event ( <i>check all that apply</i> ):	
<input type="checkbox"/> Beer garden/beer tent	<input type="checkbox"/> Festival
<input type="checkbox"/> Car show	<input type="checkbox"/> Fund raiser
<input type="checkbox"/> Competition/show	<input type="checkbox"/> Individual vendor booth
<input type="checkbox"/> Concert/musical performance	<input type="checkbox"/> Motor vehicle race/show
<input type="checkbox"/> Convention/trade show/exhibit	<input type="checkbox"/> Parade
<input type="checkbox"/> Other ( <i>describe</i> ):	<input type="checkbox"/> Party/social event
	<input type="checkbox"/> Picnic
	<input type="checkbox"/> Sporting event/tournament
	<input type="checkbox"/> Wedding/wedding reception
2. Provide web address for event:	
3. Describe event and applicant's role/responsibilities:	
4. Is event part of a larger function? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If "Yes", describe:	
5. Will event take place on applicant's premises? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
6. Event will be held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both	

7. Provide type of location:		
<input type="checkbox"/> Arena	<input type="checkbox"/> Office/business	<input type="checkbox"/> Racetrack
<input type="checkbox"/> Bar/restaurant	<input type="checkbox"/> Park	<input type="checkbox"/> School
<input type="checkbox"/> Convention center	<input type="checkbox"/> Private residence	<input type="checkbox"/> Stadium
<input type="checkbox"/> Fairgrounds	<input type="checkbox"/> Other ( <i>describe</i> ):	
8. Provide date(s) of event: _____ to _____		
9. Desired coverage date(s): _____ to _____		
10. If event date(s) differs from desired coverage date(s), explain:		
11. Provide event hours: _____ to _____		
12. If hours vary by date, describe:		
13. Provide estimated total number of attendees at this event:		
14. Provide gross receipts anticipated from the following:		
a. Admission fees		
b. Food sales		
c. Liquor/beer sales		
d. Merchandise		
e. Other	Describe:	
f. Other	Describe:	
g. <b>Total</b>		
15. Is this a concert or musical event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes":		
a. Provide name of performer:		
b. Provide type of music:		
c. Describe any special effects:		
16. Is this a parade event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes":		
a. Have local authorities approved parade route and will police secure route?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", explain:		
b. Are parade participants permitted to throw souvenirs, candy, or other items into the crowd?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Describe parade route:		
17. Is this an athletic event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes":		
a. Describe event		
b. Are athletes <input type="checkbox"/> Professional <input type="checkbox"/> Amateur		
18. Is this a motor vehicle race, rodeo, tractor pull, or truck show?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes":		
a. Is the venue designed specifically for this type of activity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Describe barriers in place to ensure spectator safety ( <i>include construction, permanent/temporary, height, distance between barriers/spectators, etc.</i> ):		
c. Will event feature audience participation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", describe:		
d. Are spectators ever permitted in the pit, infield, or inside the barrier?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are transfer areas between animal pens and the competition restricted from the general public?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION III – HISTORY AND EXPERIENCE**

1. Advise the number of years this event has been held:

2. Has applicant operated or managed this event before?  Yes  No  
If "Yes":  
a. How many times/years?  
b. What was the actual total attendance for prior year's event?  
c. Provide the name of applicant's previous insurer:  
d. Advise expiring policy premium:

3. If "No" to question 2 above, has applicant operated similar events before?  Yes  No  
If "Yes", please describe:

4. Provide loss information for prior five (5) years (*include number of claims and amount*):

**SECTION IV – ENTERTAINMENT INFORMATION**

1. Will event feature any of the following?  
a. Mechanical rides/devices  Yes  No  
b. Inflatable amusement devices  Yes  No  
c. Petting zoo/live animals  Yes  No  
d. Fireworks/pyrotechnics  Yes  No  
e. Overnight camping  Yes  No  
f. If "Yes" to any of the above, describe exposure and who operates:

2. Will event feature water hazards?  Yes  No  
If "Yes", describe:

3. Will attendees be permitted to swim, boat, jet ski, or fish?  Yes  No  
If "Yes", describe:

4. Will event have third-party vendors, exhibitors, and/or concessions?  Yes  No  
If "Yes", how many and describe operations:

5. Are vendors, exhibitors, or concessions required by contract to carry insurance?  Yes  No  
If "No", please explain:

6. If "Yes" to question 5 above:  
a. Does applicant require/review insurance documents for these entities to occupy premises?  Yes  No  
If "No", please explain:  
b. Are those entities required to name applicant as an additional insured?  Yes  No

**SECTION V – SAFETY, SECURITY, MEDICAL AND FIRST AID INFORMATION**

1. Provide the type and number of security (*check all that apply*):

<input type="checkbox"/> Applicant’s employees	<input type="checkbox"/> Off duty police – unarmed
<input type="checkbox"/> Guard dogs	<input type="checkbox"/> Off duty police – armed
<input type="checkbox"/> Independent contractor	<input type="checkbox"/> Ushers
<input type="checkbox"/> Off duty police	
<input type="checkbox"/> Other	Describe:

2. Will any of the following be onsite?

a. Medical/first aid services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Fire fighting protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Ambulance services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. If “Yes” to any of the above, please describe:		

3. Is there a formal emergency evacuation plan in place?  Yes  No

**SECTION VI – LIQUOR LIABILITY**

1. Is applicant sole vendor of alcohol at event?  Yes  No

2. Will alcohol be dispensed solely by professional bartenders?  Yes  No  
If “No”, describe how alcohol will be dispensed and by whom:

3. Describe training and experience of persons serving alcohol:

4. What measures are in place to prevent alcohol service to underage and/or intoxicated persons?

5. If required, does applicant have a valid liquor license?  Yes  No

6. Is BYOB (*bring your own booze*) or self-service of alcohol permitted?  Yes  No

7. Is there a designated driver program or escort service provided?  Yes  No

**SECTION VII – SIGNATURE, CONSENT AND AGREEMENT**

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. (*Not applicable in North Carolina*)

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/ society. I agree to cooperate with these committees.

**NOTICE TO APPLICANT**

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title: