

Producer Name _____
 Email _____
 Phone _____
 Address _____
 City _____

SPECIAL EVENTS APPLICATION (SPECTATOR LIABILITY)

Named Insured _____
 Mailing Address _____ City _____
 County _____ State _____ Zip _____
 Location Address _____ City _____
 County _____ State _____ Zip _____

1. Effective date: _____ Expiration date: _____ Total number of days: _____
2. Limits:

<input type="checkbox"/> \$100,000 Combined Single Limit	<input type="checkbox"/> \$500,000 Combined Single Limit
<input type="checkbox"/> \$300,000 Combined Single Limit	<input type="checkbox"/> \$1,000,000 Combined Single Limit
3. Additional day needed for set up? Yes No _____
 Additional day needed for dismantle? Yes No _____
4. Event Hours: _____ to _____
5. Description of event: (attach brochure or advertisement if available)

6. Additional Insured: (Interest: Landlord Certificate Holder Other _____)

7. Any Special Event CLAIMS during past 3 years? Yes No If Yes, number, losses, reserves, details: _____

8. Total estimated daily attendance at Special Event? _____
9. Anticipated Receipts: Food/Beverage Sales \$ _____ Liquor Sales \$ _____
10. If the event is taking place in a building, what is the capacity of the building? _____
11. List and describe amusement or mechanical devices, either owned or operated by the applicant. _____

12. If FIREWORKS:
 - a. Length of fireworks display _____ minutes
 - b. Distance to: Public _____ feet Nearest buildings _____ feet Auto parking area _____ feet
 - c. Who will set off fireworks? Applicant Fire Department Outside Contractor Other _____
 - d. Under whose direction will fireworks be set off and area checked later for unexploded fireworks? _____

13. If a RACE, HORSE SHOW, TRACTOR PULL, TURKEY SHOOT or similar type exhibition:
 - a. What controls are used?

<input type="checkbox"/> Bales	<input type="checkbox"/> Barricades	<input type="checkbox"/> Chain Link Fence	<input type="checkbox"/> Pens	<input type="checkbox"/> Police	<input type="checkbox"/> Ropes
<input type="checkbox"/> Tires	<input type="checkbox"/> Wooden Fences	<input type="checkbox"/> Distance from Activity Area to Spectators _____ feet			
 - b. Are barricades, fences, etc., permanent installations? Yes No
 - c. Describe as to height, construction, condition, etc. _____
 - d. If not permanent, who provides and maintains this equipment? _____

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.

 Signature of Applicant Date Signature of Agent