

T.H.E. Insurance Company

Special Events Application

1. Named Insured (applicant): _____

2. Mailing Address: _____

3. City: _____ State: _____ Zip: _____ Phone: _____

4. Name of Event: _____

Location of Event: _____
(name of facility, city, state)

5. Description of Event, **including schedule** (attach brochure if available): _____

Web site address: _____

6. Date(s) of Event: _____ Opening and closing hours: _____

Set Up / Tear Down Dates: _____

7. Estimated attendance PER DAY: _____ TOTAL: _____

Actual total attendance for previous year's event: _____

Ticket price: \$ _____ # of tickets printed: _____ Expected receipts: \$ _____

8. How many years of experience do you have producing this type of event? _____

9. If your organization is a member of a trade group or sanctioning body which holds insurance and/or risk management seminars and/or meetings, indicate name of association: _____

10. Is this a sanctioned event? _____

11. Present or previous insurance: **ATTACH INSURANCE COMPANY LOSS RUNS**

	Carrier	Premium	# of Losses	Total Amounts of Losses Paid & Reserved
This year	_____	\$ _____	_____	_____
One year ago	_____	\$ _____	_____	_____
Two years ago	_____	\$ _____	_____	_____
Three years ago	_____	\$ _____	_____	_____

Describe any losses over \$1,000 in detail: _____

12. Has any insurance carrier cancelled or refused coverage? Yes No If Yes, explain: _____

T.H.E. Insurance Company

Special Events Application

13. Limits of Liability requested: \$500,000 \$1,000,000 Other \$ _____
 (Bodily Injury & Property Damage Deductible \$500 including loss adjustment expense)

14. Additional Insureds and their Interest:

NAME	ADDRESS	INTEREST IN EVENT

EVENT FACILITY / LOCATION

15. Owner of facility: _____

Maximum capacity of facility: _____ Is attendance open to the public? Yes No

Does the facility require a contract for use? Yes No **If "Yes" attach a copy.**

16. Is the facility in compliance with city, state, county and township building, safety and fire codes?
 Yes No **(NONCOMPLIANCE WITH CODES WILL INVALIDATE INSURANCE)**

17. Describe number and types of gates and turnstiles: _____

18. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: _____

19. Attach a diagram of the location. If event is held outdoors, indicate fencing, stage(s), spectator areas, parking, adjacent buildings, and landscape features.

20. Describe medical facilities during event: _____

21. Describe fire protection during event: _____

22. Describe security protection (number & type): _____
 If contracted, is a Certificate of Insurance provided naming your event as additional insured? Yes No

23. Will you have remote parking? Yes No What arrangements have been made for shuttle service? Describe: _____
 If contracted, is a Certificate of Insurance provided naming your event as additional insured? Yes No

24. Will the event include any of the following?		Covered elsewhere?
Rides or Mechanical Amusement Devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moonbounces, Trampolines, Bungee Devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Petting Zoo, Animal Rides, Animal Acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireworks, Pyrotechnics?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto or Motorcycle Stunts / Racing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monster Trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If coverage is required for any of the above, attach a description. If covered elsewhere, is a Certificate of Insurance provided naming your event as additional insured? Yes No

T.H.E. Insurance Company

Special Events Application

CONCESSIONS / VENDORS / EXHIBITORS

25. What concessions will be sold? _____
26. Will concessionaires provide you with certificates evidencing general liability and products liability, with your organization named as additional insured? Yes No
27. Is a Liquor License required for this event? Yes No
If yes, who holds the Liquor License? _____
28. Is beer, wine, or liquor sold? Yes No Expected Receipts \$ _____
If Yes, is it sold by subcontracted vendors? Yes No
If Yes, does vendor provide a Certificate of Insurance? Yes No
29. Is beer, wine or liquor distributed free? Yes No If Yes, describe operation: _____

30. Do you have a system for obtaining certificates naming your organization as an additional insured on your exhibitors' insurance? Yes No

CONCERTS / PERFORMANCES

- | | |
|------------------------------|-------------------------|
| 31. Bands / Performers Names | Type of Music / Program |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
32. Do professional performers hold the event harmless with regard to any injuries? Yes No
33. If stage is used, how high and what systems or physical characteristics keep spectators off stage?
34. Who is responsible for Stage Set Up? _____
If contracted, is a Certificate of Insurance provided naming your event as additional insured? Yes No
35. Number of grandstands, if any: _____ Permanent Temporary
36. Seating capacity: _____ Construction of Grandstands: _____ Age: _____
37. Do Bleachers & Grandstands have Back and Side Rails? Yes No
38. If temporary bleachers are used, who is responsible for set up? _____
If contracted, is a Certificate of Insurance provided naming your event as additional insured? Yes No
39. If temporary lighting is used, who is responsible for set up? _____
If contracted, is a Certificate of Insurance provided naming your event as additional insured? Yes No
40. If tents are used, who is responsible for set up? _____
If contracted, is a Certificate of Insurance provided naming your event as additional insured? Yes No
41. What percentage of attendance will be festival seating, i.e., non-reserved? _____
42. How long before scheduled performance time will you allow entry of spectators? _____

T.H.E. Insurance Company

Special Events Application

PARADES - If a parade is part of your exposure, those participating in the parade using "licensed for road use vehicles" must provide you with certificate of vehicle liability insurance, naming the Event as an additional insured regarding the parade exposure

43. Length of Parade Route _____ Are all roads closed? ___ Yes ___ No

Attach a diagram of the parade route.

44. Estimated number of participants _____ Estimated number of spectators _____

Number of Floats _____ Number of Bands _____

Number of Equestrian Units _____ Number of Motorized Units _____

45. Are beads, souvenirs or other items allowed to be thrown into the crowd? ___ Yes ___ No

If yes, describe _____

ATHLETIC EVENTS: Attach a description of each event, if not included in program/schedule

46. Are signed waivers obtained, or included in registration form for all athletic events? ___Yes___No

GENERAL FRAUD STATEMENT:

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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, Virginia and Washington, insurance benefits may also be denied.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the Company until accepted by the Company or Companies.

Applicant _____
Signature _____ Date _____

Title _____ Telephone (____) _____

Producer _____ Telephone (____) _____

INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION