



All City Insurance

1400 NW 107th Avenue - Suite 210 - Doral, Florida 33172  
305.463.9431 - gmail@allcityins.com - www.insurancevents.com

# Special Event Liability Application

## A. INSURED INFORMATION

1. Insured Company Name (Applicant)					
2. Contact name					
3. Address					
4. City:		State:		Zip:	
5. Phone:		Fax:		E-mail:	

## B. EVENT INFORMATION (Attach a copy of event brochure and/or flyer to the Application)

6. Event name					
Event website					
Event description					
7. Venue name					
Venue address					
City/State/Zip					
8. Event start date		Event end date			
9. Coverage start date		Coverage end date			

If the coverage start date is more than 5 days before the event start date OR the coverage end date is more than 5 days after the event date, please explain:

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10. Is the event outdoors?	Yes_____ No_____
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11. How many years has this event been held under the present management (if never, enter 0)?	
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12. During this time has the insured had any claims regarding this event?	Yes_____ No_____
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13. Type of event (check below as applicable)
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Arts & craft festival_____	Auction_____	Beauty pageant/fashion show_____	Concert_____ (see No. 17-20)
Chamber of Commerce Event_____	Consumer show_____	Convention_____	Exhibition_____
Fair/festival_____	Fundraiser_____	Graduation_____	Meeting/luncheon/seminar_____
Music festival (see No. 17-20)_____	Party_____	Picnic_____ (see No 19 & 20)	Political rally_____
Reception_____	Sporting event_____ (excludes Participants see No. 22)	Walk-a-thon_____	Wedding/reception_____
Film shoot_____ Production cost: \$_____		*Other, please specify_____	

14. If Concert, type:

Classical _____	Comedy _____	Contemporary _____	Country _____	Gospel/Jazz _____
Opera _____	Orchestra _____	R&B _____	Rock _____	Symphony _____
*Other, please specify _____				

15. Name of performer(s) \_\_\_\_\_

16. Is seating assigned?

Yes \_\_\_\_\_ No \_\_\_\_\_

17. Please describe event type:

**(Event description details are required. Please provide a complete description of events and activities associated with the insured event. The more comprehensive the information provided, the quicker the quote process will be).**

18. Maximum daily attendance \_\_\_\_\_

Total attendance \_\_\_\_\_

Gross revenue

\$ \_\_\_\_\_

Expenses

\$ \_\_\_\_\_

19. Will any of the events include any of the following? Please check all that apply indicating whether the applicant, vendor or subcontractor will be the responsible party.

	Applicant	Vendor/Exhibitor	Subcontractor
Aircraft	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Animals (other than pet contests)	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Archery	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Camping	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Cattle drives	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Childcare operations	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Firearms/ammunition/Weapons of any kind	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Fireworks	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Food vendor	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Inflatables	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Knives/cutlery	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Mechanical amusement rides	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Motorsports	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Open water exposure	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Paintball	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Parade	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Rock climbing walls	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Rodeos	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Tattooing/body piercing	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Temporary skating/skiing/skateboarding structures	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____
Trail rides	Applicant _____	Vendor/Exhibitor _____	Subcontractor _____

20. Do you require all vendors/exhibitors managing any of the above indicated activities to have their own liability insurance in place listing you as Additional Insured?

Yes \_\_\_\_\_ No \_\_\_\_\_

21. Will any of the events occur in a bar or nightclub?  
If yes, are those events occurring in a bar or nightclub open to the public?

Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

22. Does the applicant hire any subcontractors for these insured event(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

23. Do these subcontractors carry their own insurance naming you as Additional Insured?

Yes \_\_\_\_\_ No \_\_\_\_\_

24. Will there be security at the insured event(s)?	Yes____ No____
25. Who is responsible for providing the security? Venue____ Applicant____ Police____ Other_____	
If Other: Does the security company carry its own insurance naming you as Additional Insured?	Yes____ No____
If No, please explain:	
26. Will there be temporary structures installed/built for your event?  If Yes, who will be responsible for building/installing structure(s)?  A. Insured____ B. Subcontractor____  If Subcontractor, will the subcontractor be naming your company as an additional insured on their insurance policy?	Yes____ No____      Yes____ No____
27. <b>Required limits:</b>  \$1M per occurrence / \$2M aggregate____ \$2M per occurrence / \$2M aggregate____ \$3M per occurrence / \$3M aggregate____ \$4M per occurrence / \$3M aggregate____ \$5M per occurrence / \$5M aggregate____ If larger limits are required, please specify:_____	

<b>C. LIQUOR LIABILITY COVERAGE</b>	
28. Is Liquor Liability required?  If Yes, please fill out section below.	Yes____ No____
<b>Please note, if Insured is not in the business of serving, selling or distributing liquor and will not receive any revenue from the sales of the liquor, the additional liquor coverage is not required.</b>	
Will alcohol be served by a licensed bartender?	Yes____ No____
If No, who will be serving the alcohol?	
Describe training and/or experience of persons serving the alcohol	
Average age of attendees_____	
What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons?	
Does the Applicant have a valid liquor license?	Yes____ No____
Will there be an open bar?	Yes____ No____
Will alcohol be sold by the drink?	Yes____ No____
Is BYOB (bring your own bottle) allowed?	Yes____ No____
Estimated alcohol gross receipts? \$_____	

<b>D. HIRED/NON-OWNED AUTO COVERAGE</b>	
29. Is hired/non-owned auto required? <b>If Yes, please fill out section below.</b>	Yes____ No____
____ Check here if you are required by contract to acquire hired/non-owned auto <b>and you are <u>not</u> being loaned, rented or leased any vehicles</b> (If checked, please do not complete this section).	
Amount being charged to rent or lease the vehicle(s) \$ _____	
Are all drivers at least 25 years of age?	Yes____ No____
Do all drivers have a valid United States driver's license?	Yes____ No____
Do any of the hired vehicles seat more than 12 people?	Yes____ No____
What will the vehicle(s) be used for?	

<b>E. ADDITIONAL INSURED(S)</b>	
30. Are Additional Insured(s) required? <b>If Yes, please fill out section below.</b>	Yes____ No____
1. Additional Insured name	
Address	
City:	State: Zip:
Associated event(s)	
2. Additional Insured name	
Address	
City:	State: Zip:
Associated event(s)	

<b>F. WAIVER OF SUBROGATION</b>	
31. Does your contract require a "waiver of subrogation"? <b>If Yes, please fill out section below.</b>	Yes____ No____
What is the name of the entity requesting the waiver of subrogation?	
What is their involvement in the event?	

<b>G. INLAND MARINE COVERAGE</b>	
Is Inland Marine coverage required? <b>If Yes, please fill out section below.</b>	Yes____ No____
What type of property do you need coverage for?	
What is the value for this property?	\$ _____
Will the property be stored overnight?	Yes____ No____
If Yes, please provide details of how it will be stored:	
Will the Insured be responsible for transporting the property?	Yes____ No____

If Yes, please describe how it is transported:	
If No, who is transporting the property?	
Will the property stay in the possession of the Insured at all times prior to returning to rental company?	Yes _____ No _____
If No, please explain:	

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS AND NEW MEXICO 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: 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 KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**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 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 NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE AND VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**DECLARATION**

To the best of my knowledge and belief the information provided in this Application, whether in my own hand or not, is true and I have not withheld any material facts.

I understand that non-disclosures or misrepresentation of a material fact will entitle the Company to void the Insurance.

I understand that signing this Application does not bind me to complete the Insurance but agree that should an Insurance policy be issued, this Application and the statements made therein shall form the basis of the Insurance policy.

Print Name of Applicant	Title
Signature of Applicant	Date
Signature of Broker	Date