



# The Main Event® — Special Event Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please detail the losses below.

### TYPE OF EVENT

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Beer Garden/Beer Tent           | <input type="checkbox"/> Fund Raiser             | <input type="checkbox"/> Individual Vendor Booth   |
| <input type="checkbox"/> Car Show                        | <input type="checkbox"/> Motor Vehicle Race/Show | <input type="checkbox"/> Picnic                    |
| <input type="checkbox"/> Concerts/Musical Performance    | <input type="checkbox"/> Competition or Shows    | <input type="checkbox"/> Sporting Event/Tournament |
| <input type="checkbox"/> Conventions/Trade Show/ Exhibit | <input type="checkbox"/> Parade                  | <input type="checkbox"/> Wedding/Wedding Reception |
| <input type="checkbox"/> Festival                        | <input type="checkbox"/> Party/Social Event      | <input type="checkbox"/> Other (describe): _____   |

Name of applicant: \_\_\_\_\_

(List only one legal & dba name. Do not include "etal", "etc." or other similar wording in the name.)

Describe applicant's role and responsibility in event: \_\_\_\_\_

Location Address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of event: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

(If one day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12:00 AM).

Desired coverage date(s): From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

If event date(s) differs from desired coverage date(s), explain: \_\_\_\_\_

Is set-up and take-down coverage needed for additional dates?  Yes\*  No

\*If yes, what are the dates and what will this exposure include?

\*Will there be any heavy machinery used such as bulldozer's, backhoes, excavators, or any other types of industrial machinery (small forklifts and light machinery are acceptable)?  Yes  No

Would you like to include a rain date?  Yes\*  No \*If yes, what date? \_\_\_\_\_

FULL SCHEDULE/DESCRIPTION AND PURPOSE OF EVENT (Attach copy of brochure, website pages and flyer to this application or include details on all activities taking place): \_\_\_\_\_

Will there be any entertainment?  Yes\*  No

\*If yes, describe and include name of performers and acts: \_\_\_\_\_

Is there a website for this event?  Yes\*  No

\*If yes, provide website address: \_\_\_\_\_

Name of additional insured: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Additional insured's interest in event: \_\_\_\_\_

### Coverage Desired:

- Commercial General Liability & Liquor Liability  Commercial General Liability Only  Liquor Liability Only

Limits of coverage desired \_\_\_\_\_

### Commercial General Liability

ESTIMATED TOTAL ATTENDEES PER DAY: \_\_\_\_\_

If applicant is an individual exhibitor/vendor, what is the estimated attendees per day anticipated to visit their booth? \_\_\_\_\_

Average age of attendees: \_\_\_\_\_

### Liquor Liability (if coverage is desired)

Hours of event: From: \_\_\_\_AM/PM To: \_\_\_\_AM/PM

If hours vary by date, describe: \_\_\_\_\_

ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY: \_\_\_\_\_

Is the applicant in the business of selling, serving or furnishing alcoholic beverages?  Yes  No

Is the applicant required to have a liquor license for the event (excluding licenses that are restricted to a host liquor exposure where event sales are not for personal monetary gain)?  Yes  No

**HISTORY**

1. Previous carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

2. Losses or claims during the past five years: \_\_\_\_\_

**LIQUOR LIABILITY**

1. a. Is applicant the sole vendor/server of alcohol at event?  Yes  No\*

\*If no, list number of other vendors/servers serving alcohol: \_\_\_\_\_

b. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant?  Yes  No

2. Will alcohol be dispensed by a professional bartender or server that has taken a formal alcohol awareness training course?  Yes  No

3. Will alcohol be sold by applicant?  Yes  No

4. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted?  Yes  No

**COMMERCIAL GENERAL LIABILITY**

1. Will event feature any of the following:

a. Mechanical rides/devices?  Yes  No

b. Moon bounce, rock climbing wall, trampoline or similar rebounding devices, petting zoo or animal rides?  Yes \*  No

\*(Please Note: Our policy specifically excludes injuries arising from moon bounces, trampolines, rock walls, petting zoos and pony rides).

c. Firearms or fireworks?  Yes  No

d. Overnight camping?  Yes  No

e. Water hazards?  Yes\*  No

\*If yes, describe: \_\_\_\_\_

\*Will attendees be permitted to swim, boat, jet ski or fish?  Yes\*  No

\*If yes, describe: \_\_\_\_\_

2. Will the event use exhibitors, vendors, performers, contractors, sub-contractors or independent contractors?  Yes\*  No

\*(Please note, injuries arising from exhibitors, vendors, performers, contractors, sub-contractors or independent contractors are excluded from our policy).

3. a. Describe security measures: \_\_\_\_\_

b. If security is provided by independent contractors, are they required to carry their own insurance?  N/A  Yes  No

4. If this is a CONCERT/MUSICAL EVENT, complete below: (Please note, coverage for injury to performers and entertainers is excluded from our policy).

a. Name(s) of performer(s): \_\_\_\_\_ Describe type of music: \_\_\_\_\_

b. Performers are:  Local  National

c. Will pyrotechnics be featured?  Yes  No

d. Any special effects?  Yes\*  No

\*If yes, describe: \_\_\_\_\_

5. If this is a PARADE EVENT, complete below: (Please note, coverage for injury to parade participants is excluded from our policy).

a. Has parade route been approved by local authorities and will route be secured by police?  Yes  No\*

\*If no, explain: \_\_\_\_\_

b. Are parade participants permitted to throw souvenirs, candy or other items into the crowd?  Yes  No

c. Describe parade route from start to finish: \_\_\_\_\_

6. If this is an ATHLETIC EVENT, complete below: (Please note, coverage for injury to athletic participants is excluded from our policy).

a. Describe athletic event: \_\_\_\_\_ b.  Professional or  Amateur

7. If this is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW, complete below: (Please note, coverage for injury to participants is excluded from our policy).

a. Is the venue designed specifically for this type of activity?  Yes  No

b. Are metal or concrete barriers in place to ensure spectator safety?  Yes  No\*

\*If no, describe: \_\_\_\_\_

c. Are the barriers permanent?  Yes  No

d. How high are the barriers? \_\_\_\_\_ What is the distance between the barriers and spectators? \_\_\_\_\_

e. Are spectators ever permitted in the pit or infield area?  Yes  No

f. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public?  Yes  No

g. Will the event feature audience participation (i.e. calf scrambles)?  Yes  No

8. If this is a HEALTH FAIR/CONVENTION, complete below:
- a. Will the event feature any medical or health treatment?  Yes  No
9. If this is a CAR SHOW/MOTOR VEHICLE SHOW, complete below: (Please note, coverage for injury to participants is excluded from our policy).
- a. Do vehicles remain stationary throughout the show with the engines off?  Yes  No
- b. Will the event feature burnouts, drag races or flame throwing?  Yes  No

**ADDITIONAL APPLICANT INFORMATION**

Form of Business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** 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 agencies.

**District of Columbia Fraud Statement: 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.

**Florida Fraud Statement:** 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 of the third degree.

**Kentucky Fraud Statement:** 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.

**Maine and Washington Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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.

**Ohio Fraud Statement:** 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.

**Oklahoma Fraud Statement: 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.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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 Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("the Act"), effective December 26th, 2007, you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage for each Program Year (January 1 through December 31). The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism. When the amount of such losses for all insurers exceeds \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

### **REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE**

Please "X" one of the boxes below and return this notice to the Company.

	<b>I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.</b>
	<b>I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.</b>

**Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date