

Annual Events Application

About This Program

This application is used to insure a multiple event taking place throughout the year in the United States or Canada.

Required Documents

The following documents are required to apply for coverage:

- This application (pages 1 – 3)
- Additional Insured Supplement
- Vendor Schedule (if applicable)
- Auto Cost of Hire Supplement (if applicable)
- Workers Compensation Worksheet (if applicable)
- Liquor Supplement (if applicable)
- Event Specific Documentation (if applicable)
- Fraud Statement

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Underwriting Qualification Questions

Any private armed security? (i.e. armed security that work exclusively for you under your employ)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any events with bounce houses or inflatables? (If yes, certificates of insurance are required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any events include any of the following? Stunts, Pyrotechnics, Aircrafts, Car Races, Precision Driving, Mechanical Amusement Devices, Film Production, Live Rap/Hip-Hop or Metal Music Performances, or other Hazardous Activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Description of Business/Operations	
Number of Employees	

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

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Schedule of Events

This supplement is used to schedule events onto the policy.

	Event 1	Event 2	Event 3	Event 4
Type of Event				
Name of Event				
Brief Description of Event				
Cost/Budget				
Average Daily Spectators				
Average Daily Participants				
Artist/Band				
Venue Name				
Venue Address				
Venue City, State, Zip				
Venue Capacity				
Indoors or Outdoors				
Event Dates				
Setup Date(s)	/ / - / /	/ / - / /	/ / - / /	/ / - / /
Event Date(s)	/ / - / /	/ / - / /	/ / - / /	/ / - / /
Tear Down Date(s)	/ / - / /	/ / - / /	/ / - / /	/ / - / /
# of Vendors to cover *				
# of Additional Insureds to cover *				

Notes:

- * To cover vendors and additional insureds, complete the vendors and additional insureds supplemental applications.
- An event is NOT covered unless declared to the policy prior to the event taking place.
- Certain events may be ineligible for coverage.

For Additional Events, Duplicate this page

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Coverages

Dates of Coverage

Effective: / / (12 month term)

Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit	* <input type="checkbox"/> 1m/2m <input type="checkbox"/> 2m/2m <input type="checkbox"/> 3m/3m <input type="checkbox"/> 4m/4m <input type="checkbox"/> 5m/5m	n/a
Fire Legal	* <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	n/a
Medical Payments	* <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000	n/a
Blanket Additional Insureds / Certificates of Insurance	* Included	n/a
City / Other Special Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Liquor Liability	<input type="checkbox"/> Exclude <input type="checkbox"/> Host Only <input type="checkbox"/> Full Liquor	n/a
Employee Benefits Liability	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	1,000
Abuse & Molestation (NJ only)	<input type="checkbox"/> 50k <input type="checkbox"/> 100k <input type="checkbox"/> 500k <input type="checkbox"/> 1m	n/a

Inland Marine

Equipment, Props, Sets, Wardrobe (Rented)	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Equipment, Props, Sets, Wardrobe (Owned)	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Rented Furs, Jewelry, Art & Antiques	<input type="checkbox"/> Exclude <input type="checkbox"/> 5k <input type="checkbox"/> 10k <input type="checkbox"/> 25k <input type="checkbox"/> 50k <input type="checkbox"/> 75k <input type="checkbox"/> 100k	
Extra Expense	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Third Party Property Damage	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Office Contents	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Business Income/Extra Expense	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Rental Cost Reimbursement	<input type="checkbox"/> Exclude <input type="checkbox"/> 5k <input type="checkbox"/> 10k <input type="checkbox"/> 25k <input type="checkbox"/> 50k <input type="checkbox"/> _____	
EDP (Electronic Data Processing Equipment)	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Limited Computer Virus	<input type="checkbox"/> Exclude <input type="checkbox"/> 10k <input type="checkbox"/> 25k	
Accounts Receivable	<input type="checkbox"/> Exclude <input type="checkbox"/> 10k <input type="checkbox"/> 25k <input type="checkbox"/> 50k	
Valuable Papers and Records	<input type="checkbox"/> Exclude <input type="checkbox"/> 10k <input type="checkbox"/> 25k <input type="checkbox"/> 50k	
Money & Securities	<input type="checkbox"/> Exclude <input type="checkbox"/> 5k <input type="checkbox"/> 10k <input type="checkbox"/> 25k	
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Coverage Extension Endorsement	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Worldwide Coverage	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Automobile

(* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability	* <input type="checkbox"/> Exclude <input type="checkbox"/> 1,000,000	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate)	<input type="checkbox"/> Exclude <input type="checkbox"/> 125k/500k	10% (\$1500 min/\$7500 max)
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Excess Liability

Occurrence / Aggregate Limit	<input type="checkbox"/> _____ million <input type="checkbox"/> Exclude	n/a
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Workers Compensation

(* Indicates required coverages if WC is purchased). Available in AZ, CA, CO, CT, DC, FL, GA, IL, LA, MI, MN, NC, NJ, NM, NV, NY, PA, SC, TN, TX, VA

Limit of 1,000,000	* <input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Accident Medical

Available in all States except MO, MD, OH, WA

Coverage for Spectators	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Coverage for Participants	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Limit (Accidental Death, Accidental Dismemberment, Medical Expense)	<input type="checkbox"/> 25k/25k/25k <input type="checkbox"/> 25k/25k/50k <input type="checkbox"/> 50k/50k/50k	

Applicant Signature: _____

Date: _____

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: _____

Insurance Agency/Agent: _____

License Number: _____

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

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Additional Insured Supplement

This supplement is used to name additional insureds under your policy for a specific event.

Code	Event Name	Additional Insured Name	Address, City, State, Zip

<u>Code</u>	<u>Additional Insured Type</u>
A1	Co-Promoter
A2	Bands
A3	Lighting, Staging Companies
A4	Sponsors
A5	Venues
A6	Cities/Government Agencies
A7	Other

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Vendor Schedule

This supplement is used to cover vendors, exhibitors, concessionaires and attractions under your policy.

You are automatically covered for claims arising out of the vendors activities (unless the activities are excluded on the policy). By inputting the information below and providing a schedule subject to underwriter's review, for an additional premium the vendors coverage will be extended to allow for vendors to be covered should they be named in a suit.

Code	Event Name	# Days at Event	Vendor Name	Address, City, State, Zip

Code	Vendor Type
V1	Exhibitor
V2	Attraction/Performer
V3	Concessionaires/vendors – food/beverage
V4	Concessionaires/vendors – other than food/beverage

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Automobile Cost of Hire Information

Complete this section only if auto liability and/or auto physical damage is required.

Payroll

Input	Value
Cost of Hire (mobile studios and film trucks)	
Cost of Hire (other than mobile studios and film trucks)	
Number of Loaned or Donated Vehicles	Days _____ # Vehicles _____

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Workers Compensation Details

Complete this section only if workers compensation coverage is desired.

Workers Compensation is available in AZ, CA, CO, CT, DC, FL, GA, IL, LA, MI, MN, NC, NJ, NM, NV, NY, PA, SC, TN, TX, VA.

Payroll Company

Name of Payroll Company, if any

Payroll

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Performers (other than Dance)			
Performers (Dance)			
Crew			

Officers & Owners (Include/Exclude)

Should Officers & Owners be included or excluded?	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
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Schedule of Officers & Owners

First Name/Last Name	Social Security Number	Title

Notes:

- Workers Compensation coverage may not be available in all states.
- Certain event activities may preclude the event from being eligible for workers compensation coverage.

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Liquor Liability Supplement

Complete this section only if liquor liability (i.e. full liquor coverage) is desired. Do not complete if host liquor only is required. Full liquor is available in all states except AK, AL, DC, HI, NH, PA, VT.

Liquor Questions

1	Will liquor be served or sold at any event(s)? If yes, proceed to question 2. If no, this section is complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Will the amount of liquor sales be greater than \$5,000 If yes, proceed to question 3. If no, this section is complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Amount of Liquor Sales:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Is your business a bar, tavern, "honky tonk", brewery, wholesale liquor distributor or retail liquor store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Do you have a license to sell liquor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do you have anyone selling liquor that is under the age of 21?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Have you and those selling liquor on your behalf completed a liquor control program, which may include; either TIPS (Training for Intervention Procedures by Servers of Alcohol), TAM (Techniques of Alcohol Management) or S.E.R.V.E (Sensible Education for Responsible Vendors and Employees), or another similar program designed specifically for the purpose of providing training and education to employees who sell or serve alcohol.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes

The excess liability does not provide a layer above liquor liability. It does provide a layer above host liquor.

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Event Specific Documentation

The events listed below require additional documentation.

Required Documentation

Event Type / Activity	Required Documentation / Information
Contact Sports, Poker Runs	Sample of a Waiver that Participants are required to sign. Statement from insured that all Participants are required to sign the waiver.
Bounces Houses, Rides, Inflatables	Certificate of Insurance from the vendor naming the event holder as additional insured.
Concerts/Festivals with more than 10,000 attendees per day	Security contract. Venue contract.
Music Festivals	Schedule of Performers. Times of Shows.
Events with Overnight Camping	Venue contract. Confirmation whether insured or venue is responsible for the camping exposure.
Haunted Houses	Diagram of Attraction. Hours of Operation. Advice of any moving parts or ride type exposures. Clearly lit and identifiable exits.

Notes:

- Inadequate documentation, documentation that does not sufficiently transfer liability away from the insured, or the existence of certain exposures may preclude an offer of coverage.

Fraud Warnings Disclosure

Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.

- ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
- ARKANSAS, LOUISIANA, RHODE ISLAND, or WEST VIRGINIA:** 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.
- COLORADO:** 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:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any 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:** Any person who knowingly and with intent to 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.
- KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.
- KENTUCKY:** 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, TENNESSEE, VIRGINIA, or WASHINGTON:** 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.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW MEXICO:** 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 CIVIL FINES AND CRIMINAL PENALTIES.
- NEW YORK:** 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:** 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:** 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.
- OREGON:** Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- PENNSYLVANIA:** 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.
- TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- ALL OTHER STATES:** 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 civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, VA, VT, WA, and WV.)

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise cancelled.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

_____ SIGNATURE OF APPLICANT	_____ DATE
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