# SPECIAL EVENT GENERAL LIABILITY APPLICATION

<table>
<thead>
<tr>
<th>Applicant’s Name:</th>
<th>Agency Name:</th>
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<tr>
<td>Mailing Address:</td>
<td>Agent:</td>
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<td>Address:</td>
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<td>E-mail:</td>
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<td>Phone:</td>
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**PROPOSED EFFECTIVE DATE:** From ________ To ________ 12:01 A.M., Standard Time at the address of the Applicant

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)**

**Applicant is:**
- [ ] Individual
- [ ] Corporation
- [ ] Partnership
- [ ] Joint Venture
- [ ] Limited Liability Company
- [ ] Other (Specify): ____________________________

**Limits Of Liability and Deductible Requested:**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Amount</th>
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<tbody>
<tr>
<td>General Aggregate (other than Products/Completed Operations)</td>
<td>$</td>
</tr>
<tr>
<td>Products and Completed Operations Aggregate</td>
<td>$</td>
</tr>
<tr>
<td>Personal and Advertising Injury (any one person or organization)</td>
<td>$</td>
</tr>
<tr>
<td>Each Occurrence</td>
<td>$</td>
</tr>
<tr>
<td>Damage To Premises Rented To You (any one premise)</td>
<td>$</td>
</tr>
<tr>
<td>Medical Expense (any one person)</td>
<td>$</td>
</tr>
<tr>
<td>Other Coverages, Restrictions, and/or Endorsements:</td>
<td>$</td>
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<tr>
<td>Deductible</td>
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1. **Location address of event and venue name (if applicable):**

2. **Description of event** (attach any flyers, brochures and/or event website address):

   Maximum daily attendance: ....................................................................................................................
   Total attendance: ....................................................................................................................................
   Sales: ..................................................................................................................................................... $
   Length of event: ......................................................................................................................................
   Estimated age group of audience: ................................................................ From: ________ To: ________
   Daily hours of event: ...............................................................................................................................
Do participants sign waiver of liability agreements? □ Yes □ No

3. Applicant’s experience in conducting events of this or similar nature: ________________________________

Is applicant an event planner/coordinator? □ Yes □ No

4. If applicant is the sponsor, does the operator have General Liability insurance? □ Yes □ No
If yes: Name of insurance carrier: ________________________________
General Liability limits: $ ________________________________

5. Is any Marijuana/Cannabis sold or distributed? □ Yes □ No

6. Entertainment:
   a. Is live entertainment provided? □ Yes □ No
      If yes, describe: ________________________________
   
   b. Is event a rave, rave dance or rave party? □ Yes □ No
   
   c. Is there a concert? □ Yes □ No
      If yes: Type of music:
      □ Alternative □ Blue grass □ Classical □ Country/Western □ Gospel
      □ Gothic □ Hard core □ Heavy metal □ Hip-hop □ Jazz
      □ R&B □ Rap □ Rock □ Other (describe): ________________________________

      Names of performers or groups: ________________________________

      Any special effects for the concert? □ Yes □ No
      If yes, describe: ________________________________

7. Fireworks:
   a. Is there a fireworks display? □ Yes □ No
   
   b. Is a licensed pyrotechnician igniting the fireworks? □ Yes □ No
      If no, advise who will ignite: ________________________________
   
   c. Is person igniting fireworks insured for this operation? □ Yes □ No
   
   d. Distance between fireworks staging area and audience: ________________________________
   
   e. Are spectators allowed in fireworks staging area? □ Yes □ No
   
   f. Are firemen present? □ Yes □ No
   
   g. Are fireworks being sold? □ Yes □ No

8. First Aid:
   a. Are first aid facilities provided at the event? □ Yes □ No
      If yes, describe: ________________________________
   
   b. Who will be in charge of the facilities? □ Doctors □ Nurses □ Others: ________________________________

9. Hold-harmless Agreements:
   a. Is applicant held harmless by others? □ Yes □ No
   
   b. Does applicant agree to hold any third-party harmless? □ Yes □ No
      If yes, who? ________________________________
   
   c. Is applicant naming anyone as an additional insured? □ Yes □ No
If yes, who and why? ________________________________________________________________

_________________________________________________________________________________

10. Liquor:
   a. Is liquor to be sold by applicant? .................................................................................... Yes □ No □
   b. Is liquor to be served, but not sold, by applicant? .......................................................... Yes □ No □
      If yes, explain: ________________________________________________________________
   c. Does applicant want Host Liquor? .................................................................................. Yes □ No □
   d. Is liquor to be served/sold by others? ............................................................................. Yes □ No □
      If yes, do they have Liquor Liability coverage? ............................................................. Yes □ No □
   e. Are attendees allowed to bring their own alcohol? ......................................................... Yes □ No □

11. Rides/Attractions:
   a. Are inflatables utilized? ...................................................................................................... Yes □ No □
      If yes: Number and description: ____________________________________________________
      Are inflatables provided by the applicant? ..................................................................... Yes □ No □
      Are inflatables provided by vendors? ............................................................................. Yes □ No □
      Advise if applicant or vendor oversee use of inflatables: ________________________________
   b. Are rides provided? ......................................................................................................... Yes □ No □
      If yes: Number and description: ____________________________________________________
      Are rides inspected? ........................................................................................................ Yes □ No □
      Do rides have signs clearly marking age, height and size limitations?............................. Yes □ No □
      Is applicant in compliance with state laws regulating amusement ride inspections and
      limitations? ......................................................................................................................... Yes □ No □
   c. Do ride/inflatable vendors have General Liability insurance? .......................................... Yes □ No □
      If yes: Advise limits: __________________________________________________________________
      Is applicant included as an additional insured on the ride/inflatable vendors General Liability
      policies? ............................................................................................................................ Yes □ No □
      Does applicant obtain certificates of insurance from the ride/inflatable vendors? .......... Yes □ No □
   d. Do ride/inflatable vendors hold applicant harmless? ....................................................... Yes □ No □

12. Security:
   a. Is there a written emergency plan in the event of an accident? ....................................... Yes □ No □
   b. Indicate which of the following are applicable and number provided:
      □ Chaperons: ....................................................................................................................
      □ Employed armed security: ............................................................................................
      □ Employed unarmed security: ........................................................................................
      □ Off-duty police: ............................................................................................................
      □ Independent armed security contractor: ......................................................................
      □ Independent unarmed security contractor: ...................................................................
      Does independent security contractor provide a certificate of insurance? ......................... Yes □ No □
      Does independent security contractor hold applicant harmless? ..................................... Yes □ No □
      Does independent security contractor name applicant as additional Insured on General Liability
      policy? .................................................................................................................................. Yes □ No □
13. Stadiums:
   a. Are bleachers or platforms to be used? ................................................................. Yes No
      If yes, type:  ☐ Permanent  ☐ Portable
   b. Back and side railings provided? ........................................................................... Yes No
   c. Construction:  ☐ Concrete  ☐ Steel  ☐ Wood
   d. Height in feet: ________________  Age of bleachers or platform: ________________
   e. Are patrons protected from, and warned against, potential flying objects? .................. Yes No
   f. Are patrons allowed on the field, track or pit area? .................................................. Yes No
   g. Is public address system clearly audible in all parts of the facility? ............................ Yes No
   h. Is there a backup electrical supply for lighting and the public address system? .......... Yes No
   i. Are premises entrances/exits well lit? ................................................................. Yes No

14. Traffic Control:
   a. Who is responsible for crowd and traffic control?
   b. Are parking areas smooth with clearly marked parking areas and exit roads? ........... Yes No

15. Additional Insured Information:

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<tr>
<th>Name</th>
<th>Address</th>
<th>Interest</th>
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16. During the past three years, has any company ever cancelled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) ................................................................. Yes No
   If yes, explain: ________________________________________________________________

17. Does applicant have other business ventures for which coverage is not requested? .......... Yes No
   If yes, explain and advise where insured: ____________________________________________

18. Prior Carrier Information:

<table>
<thead>
<tr>
<th>Year:</th>
<th>Year:</th>
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<tbody>
<tr>
<td>Carrier</td>
<td>Coverage</td>
<td>Policy No.</td>
<td>Total Premium</td>
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19. Loss History:

   Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.  ☐ Check if no losses last five years.

<table>
<thead>
<tr>
<th>Date of Loss</th>
<th>Description of Loss</th>
<th>Amount Paid</th>
<th>Amount Reserved</th>
<th>Claim Status (Open or Closed)</th>
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Complete the following if applicable to event(s):

20. Bicycle/Running Event:
   a. Advise distance of event: ________________________________
   b. Is the route surface free of hazards and clearly marked? ................................................................. Yes No
   c. Are pedestrians and vehicular traffic rerouted? ................................................................. Yes No
   d. Does event take place on public roads? ........................................................................ Yes No
      If yes: Are police escorts along route? ................................................................. Yes No
      Are lane barriers utilized? ................................................................. Yes No

21. Christmas Tree Lot/Farm:
   a. Number of Christmas Tree lots: .................................................................
   b. Number of Christmas Tree farms: .................................................................
   c. Are customers allowed to cut their own trees? ................................................................. Yes No
      If yes: Anyone under the age of eighteen (18) permitted to cut? ................................................................. Yes No
      Are cutting tools provided to customers? ................................................................. Yes No
      If yes, are power cutting tools provided? ................................................................. Yes No
      Are customers required to sign liability waivers? ................................................................. Yes No

22. Haunted House:
   a. Describe building and construction: ____________________________________________________________
   b. Is there any cardboard construction? ................................................................. Yes No
      If yes, describe: ________________________________
   c. Age: ________ Condition: ________________________________
   d. Are there separate entrances and exits? ................................................................. Yes No
   e. Has the house been inspected by a Fire Marshall? ................................................................. Yes No
   f. Does the house meet all local, city and state codes? ................................................................. Yes No
   g. Describe any temporary structures: ____________________________________________________________
   h. Are any of the following present? ................................................................. Yes No
      Electric shock devices  Fire or Flash powders  Moveable floors  Power tools as props
      Sinking floors  Slides  Suspended bridges  Unlit stairs
   i. Describe special effects: ____________________________________________________________
   j. Does applicant have lead and follow-up guides? ................................................................. Yes No
   k. Ratio of attendants to the public: ________________________________ Number of persons per group: ________________________________
   l. Age of clients: ________ Are children supervised? ................................................................. Yes No
   m. Does applicant have a door monitor? ................................................................. Yes No
   n. Does applicant have the public participate in stunts? ................................................................. Yes No
   o. Does anyone touch the public? ................................................................. Yes No
      If yes, explain: ____________________________________________________________
p. Does applicant have a gift shop or concession stand? .......................................................... ☐ Yes ☐ No
If yes, receipts: ......................................................................................................................
23. Motorized Vehicle Sporting Event:
Complete GLS-APP-62s, Racing Special Events Supplemental Application.

24. Parade:
   a. Are cross streets barricaded? ................................................................. □ Yes □ No
   b. Are souvenirs or other items thrown into the crowd? ........................................ □ Yes □ No
      If yes, what is thrown? _______________________________________________________
   c. Animals in the parade are: _________________________________________________
   d. Are all of the animals insured against third-party liability claims by the owner? ................ □ Yes □ No
      If yes, what are the minimum liability limits required of the owners: _______________________
   e. Length of parade route: __________ Number of floats: __________ Number of Equestrians: __________
   f. Number of bands: __________ Number of motorized vehicles and/or floats: __________________
   g. Is parade route able to handle size and height of floats? ........................................................ □ Yes □ No

25. Political Rally:
Please describe: ____________________________________________________________________

26. Pumpkin Patch (temporary retail lot):
   a. Indicate if any of the following activities are available:
      □ Hay stack/slide □ Hay rides (maximum number of riders per wagon __________)
      □ Petting zoo □ Maze □ Pony sweep □ Pumpkin picking from fields
      □ Other (Specify): ________________________________________________________________
   b. Is any pumpkin patch in conjunction with farm operations? ........................................ □ Yes □ No

27. Rodeo:
   a. Name(s) of rodeo promoter/company/stock contractor: __________________________________
   b. Does the rodeo board the stock in the applicant’s facility overnight? ......................... □ Yes □ No
   c. Does the rodeo company maintain responsibility for security of stalls/pens used to board the stock? ................................................................. □ Yes □ No
   d. Are the transfer areas between the animal pens and the competition restricted from the general public? ......................................................... □ Yes □ No
   e. Rodeo arena specifics: □ Indoors □ Outdoors □ Permanent □ Temporary

28. Under 21 Dance, Graduation Night or Prom:
   a. Are students allowed to leave and return? .............................................................. □ Yes □ No
   b. Are chaperons provided? ........................................................................................ □ Yes □ No
   c. Is security provided? ............................................................................................. □ Yes □ No
      If yes, describe and advise if armed: _________________________________________________

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)
FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

APPLICANT’S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: ___________________________ DATE: __________

CO-APPLICANT’S SIGNATURE: ___________________________ DATE: __________

PRODUCER’S SIGNATURE: ___________________________ DATE: __________

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.