

SPECIAL EVENTS APPLICATION

Policy Holder/Name Insured: _____

Mailing Address: _____

Contact Name: _____ Phone No. _____

Describe Event: _____

Location of Event: _____

Date of Events: _____ Time: _____ A.M. _____ P.M.

Previous Carrier: _____

Policy Number: _____

Maximum Number of Spectators/participants Per Day: _____

Total Number of Spectators/Participants for the Event: _____

what is your experience producing this type of event: _____

Describe any safety measures/risk management plans in effect: _____

Who is providing food and or drink, applicant or other (name): _____

If other than the applicant is a certificate of insurance provided.

YES NO

Limits \$ _____

Insurer: _____

Is there a liquor exposure, who is responsible for the sale of same: YES NO

Is there a legal liability policy in force to cover same: YES NO

Is a certificate of insurance provided: YES NO

Is applicant named as additional insured: YES NO

General Comments: _____
