

SPECIAL EVENTS QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If the answer to any of the questions below is "YES," you are not eligible for coverage.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does the event have a trampoline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the event/applicant employ or contract armed security guards or crowd control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Will live music be performed that is considered Punk Rock, Heavy Metal, Rap or Hip-Hop? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are fireworks set up or fired by any employees or volunteers of the applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are there any indoor fireworks displays? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

GENERAL INFORMATION

- | | |
|--|--|
| 1. Estimated total attendance during the course of the event: | _____ |
| 2. Number of days for the event: | _____ |
| 3. Receipts from restaurant or concession sales: | \$ _____ |
| 4. Does the event have any inflatable amusement devices? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does the event have any mechanical amusement rides, dunk tanks or water slides? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If "YES," are these provided and operated by a vendor that provides a COI? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does the applicant use any temporary bleachers, grandstands or seating stands? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will alcohol be served at the event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If "YES," will alcohol be served free of charge or included in admission? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Will all servers be trained to recognize intoxicated persons and to not over serve? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Will identification of all patrons be required to purchase alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are fireworks displayed at this event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- a. **CIC:** Fireworks are automatically excluded. No buyback is available.
- b. **CSIC:** If yes and requesting coverage for fireworks (must rate for using the Fireworks Special Event class), please verify the following:
 - i. The independent contractor setting up and igniting the fireworks carries at least a \$1 Million occurrence limit general liability policy.
 - ii. Spectators are required to be an adequately safe distance away from the launch point.

I certify that the statements in "i." and "ii." above are verified: **Yes – I certify this**

CONCERT, PERFORMANCE OR ATHLETIC EVENT (if applicable)

1. What is the seating capacity for the venue? _____
2. Is all of the seating assigned? Yes No
3. If music is performed, what type:
- a. Country/Bluegrass?
 - b. Classical?
 - c. Easy Listening?
 - d. Pop (Top 40)?
 - e. Blues/Jazz?
 - f. Other? Describe: _____

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature_____
Title_____
Date_____
Producer Signature_____
Date