



Allen Financial Insurance Group

SPECIAL EVENT LIABILITY APPLICATION

Named Insured (Applicant) _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

FAX _____ Email _____ Website _____

Limits of Liability

General Aggregate	\$2,000,000
Each Occurrence	\$1,000,000
Products / Completed Operations	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Fire Damage	\$300,000

Name of Event _____

Event Location _____

Description of Event _____

If concert, performance type: Pop Rock Jazz C&W Classical Other _____

Performers Name _____

(attach brochure, flyer, etc.) Age bracket of attendees _____

Date of Event _____ Opening & Closing Hours _____

Estimated Participants _____ Estimated Daily Attendance _____ Maximum Capacity _____

Ticket Price \$ _____ Number of tickets printed _____ Number of tickets sold to date _____

Gross Receipts \$ _____ Cost of Event \$ _____ Payroll \$ _____

Event will be: Indoors Outdoors Reserved Seating _____% General Admission _____%

Applicant's experience in conducting events of this type (number, dates, etc.) _____

Present or previous insurance carrier: _____ Coverage cancelled or refused? Yes No

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Premium and Loss History

Year	Insurer	Premium	# of Losses	Total Amounts Paid

Describe security protection (number & type) _____

If private security firm attach certificate naming you as an additional insured.

Will bleachers, platforms, grandstands or stages be used? Yes No

Portable Permanent Wood Steel Concrete Back and side railings? Yes No

If stage is used, the stage construction is Temporary Permanent

If stage is used describe height and what systems or physical characteristics used to keep spectators off stage.
Who is responsible for Set up if temporary stage.

Is Temporary lighting being used? Yes No

If Yes, who is responsible for lighting setup? _____

Describe number and type of gates and turnstiles. _____

If outdoors, describe type of fencing or barriers used to prevent entry by non-ticket holders. _____

Are Ushers used for seating spectators? Yes No

If Yes, who provides Ushers? _____

How long before performance will spectators be allowed entry? _____

What type of concessions on premises? _____

Will concessionaires provide certificates including products naming you additional insured? Yes No

Will Beer, Wine or Liquor be sold or distributed free? Yes No By independent contractors? Yes No

Describe _____

Describe medical facilities at event _____

Describe fire protection _____

Do you obtain certificates naming you as additional insured on exhibitors insurance? Yes No

Is facility in compliance with city, county and state building, fire and safety codes? Yes No
Non-compliance with codes will invalidate insurance coverage.

If event is outdoors, does event end 90 minutes before sundown? Yes No

If No, is there permanent lighting over spectator and parking areas? Yes No

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Attach a diagram of facility. If outdoors indicate fencing, stage(s), spectator areas, parking, adjacent buildings and landscape features.

Is this a sanctioned event? Yes No Sanctioning Organization _____

Will you have remote parking? Yes No What arrangements have been made for shuttle service?

LIST NAMES AND ADDRESSES OF PREMISES OWNERS, SANCTIONING ORGANIZATIONS, REGULATORY OR LICENSING AUTHORITIES REQUIRING FILINGS AND PARTIES REQUIRING PROOF OF INSURANCE AND/OR ADDITIONAL INSURED ENDORSEMENTS. Identify any special permits, concession agreements or private land use areas used and attach copy of any permits or agreements.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the Company until accepted by the Company or Companies but 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 containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

WARRANTY

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to Allen Financial Insurance Group, Inc. and it's Companies for Commercial General Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary.

APPLICANT

Signature _____ Title _____ Date _____

BROKER _____ TELEPHONE (____) _____