



Special Events Supplemental Application

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

Named Insured: _____
 Event Name: _____
 Event Location: _____

GENERAL INFORMATION

1. What type of event is this?
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Animal Event | <input type="checkbox"/> Conference/Meeting | <input type="checkbox"/> Educational | <input type="checkbox"/> Festivals/Parades |
| <input type="checkbox"/> Film and Television | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Life Event | <input type="checkbox"/> Live Performances |
| <input type="checkbox"/> Non-athletic Competition | <input type="checkbox"/> Recreation | <input type="checkbox"/> Sales Event/Auction | <input type="checkbox"/> Seasonal Event |
| <input type="checkbox"/> Social Gathering/Activity | <input type="checkbox"/> Sporting Event | <input type="checkbox"/> Trade Show or Fair | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> Other: _____ | | | |

2. Provide a detailed description of the event. Attach a copy of marketing materials, such as brochures or flyers.

3. What is the applicant's participation in this event? Organizer Participant Vendor
 Other _____

4. Dates of Event* _____ To _____ Hours of Event _____ To _____
**Does not include dates solely used for set-up and tear-down.*

5. Total Estimated Attendance: _____ Total Estimated Gross Sales: _____
 Gross Ticket Sales: _____ Gross Food and Beverage Sales: _____
 Gross Alcohol Sales: _____ Other Gross Sales: _____

6. Is there employed or contracted armed security or crowd control? Yes No

ACTIVITIES

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are there any amusement rides? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If yes, are the rides owned or operated by you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is there any airsoft or paintball gun usage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are there any construction exposures, e.g. Habitat for Humanity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is there any bungee jumping, hot air balloon rides, skydiving or parachuting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are there any inflatables, e.g. bounce houses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If yes, are these owned or operated by you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are there any trampolines, water rides or water slides? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are there hunts for dangerous game (e.g. bears, wild big cats or alligators) or taking place on dangerous terrain, such as steep mountain sides and cliffs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are there any bonfires or open pit fires? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Is the fire confined to a controlled area, bounded by stone or metal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is anything other than wood burned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Who is responsible for monitoring and controlling the fire? | | |
| d. Are fire extinguishers or a water source readily available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does the event have any horse drawn rides? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. If a tradeshow booth, do you allow attendees to participate in physical activities or use any type of equipment or machinery? Yes No
11. Does the event involve pumpkin throwing, launching or catapulting? Yes No
- a. Is the area fenced to separate spectators? Yes No

LIQUOR EXPOSURE

N/A

1. Is alcohol served free of charge or included in the admission? Yes No
2. Is alcohol being served or provided by someone other than an employee or independent contractor? Yes No
3. Are attendees allowed to serve themselves? Yes No
4. Are all servers required to go through formal alcohol server training? Yes No
5. Are the ages of all patrons verified prior to being served alcohol? Yes No
6. Does the event have drinking competitions or games of any type? Yes No

FIREWORKS EXPOSURE

N/A

1. Are there any indoor fireworks or pyrotechnic displays? Yes No
2. What fire department is overseeing the display? _____
3. Are setup and ignition done by the fire department or an independent company? Yes No
- a. Do you collect certificates of insurance showing at least \$1M in coverage for fireworks liability prior to the set up and ignition of the display? Yes No
4. Do employees or volunteers of the insured perform or assist in the set up or ignition of fireworks displays? Yes No
5. Does the minimum distance between the display and spectators comply with the fire department's recommendation? (If no recommendation, is it at least 200 ft.?) Yes No

HAUNTED ATTRACTIONS

N/A

1. Does the attraction take place in basements, boats or barges, or condemned or abandoned buildings? Yes No
2. Are any of the following used? (Check any that apply) No
- Empty nooses Knives, swords, or similar weapons Chainsaws Open flames Electric Shocks
3. Does the attraction contain any chutes, ladders, slides, moving floors or trap doors? Yes No
4. Is there any cardboard construction? Yes No
5. Are patrons allowed to touch or interact with displays or skits? Yes No
6. Are actors allowed to touch patrons? Yes No
7. Are there any blackouts? Yes No
8. Is smoking allowed on the premises? Yes No

HAY RIDES

N/A

1. Is the ride specifically designed and constructed by others to transport people? Yes No
2. Are the seats for riders permanently mounted? Yes No
3. Is the vehicle equipped with sides or rails to prevent riders from falling? Yes No
4. Are any ride operators under the age of 18? Yes No
5. Does the ride operate on or cross any public street, road, highway or thoroughfare? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

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. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(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

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