



SPECIAL EVENT APPLICATION

INSURED INFORMATION

Name of Applicant:			
Address: Not PO Box			
City		State	Zip
Contact Person	Email		
Business Phone	- -	Cell Phone	- -
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other:		
Website Address:			

EVENT INFORMATION DETAIL

Does the event include any Stunts, Pyrotechnics, Aircrafts, Car Races, Precision Driving, Mechanical Devices, Owned Equipment, Events outside U.S., Rides, Water Activities, or any other hazardous activities? *** If so Please Describe	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Armed Private Security Guards Hired by You or Your Company? *** Describe	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have You Had Any Liability or Property Losses /Claims in the Past 5 years? *** If yes , please describe on separate sheet of paper	Yes <input type="checkbox"/> No <input type="checkbox"/>

For Live

Music/Concerts

Type/Genre of Music:
(Check all that apply)

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> DJ Only | <input type="checkbox"/> Pop | <input type="checkbox"/> Blue Grass |
| <input type="checkbox"/> Rap & Hip Hop | <input type="checkbox"/> Punk | <input type="checkbox"/> Blues |
| <input type="checkbox"/> R&B / Soul | <input type="checkbox"/> Jazz | <input type="checkbox"/> Alternative |
| <input type="checkbox"/> Rock | <input type="checkbox"/> Country | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> Classical | <input type="checkbox"/> Gospel |
| <input type="checkbox"/> Electronic | <input type="checkbox"/> Other | |

Artists Name(s)	



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Event Dates		Number of Days:			
Set up /Tear down days?		Years Holding Event:			
Avg Daily Attendance:	Total Attendance for Event:				
Athletic Participants:	Total Athletic Participants for Event:				
Venue/Facility Name:	Is Seating Assigned?				
Venue/Facility Address:					
City:	State:	Zip:			
Event Name:					
Event Description:					
Budget: (Total cost of event): \$	Gross Revenue \$	Cost of Admission \$			
Event will be: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors & Outdoors <input type="checkbox"/> Outdoors Partially Covered					
Premises is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Short Term Rental <input type="checkbox"/> Other					
Overnight Camping or Dormitory Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No ***If Yes, please refer to company					
Will there be temporary structures installed? <input type="checkbox"/> Yes <input type="checkbox"/> No - By Who: <input type="checkbox"/> Insured <input type="checkbox"/> Subcontractor					
If Subcontractor, will the subcontractor be naming your company as an additional insured on their insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Who is in charge of the security? <input type="checkbox"/> Insured <input type="checkbox"/> Venue <input type="checkbox"/> No Security <input type="checkbox"/> Other					
Number of: Armed Un-Armed Volunteer Police EMT Other					
If a hired 3 rd party security company - Does, the security company carry its own insurance naming you as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous Insurance Company & Policy Number:					
RESPONSIBILITY CHART					
	N/A	The Venue	Applicant (You)	A Subcontractor	Did they provide a certificate of insurance?
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendors/ Concessionaires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amusement Rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Live Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No



Do you require all vendors/exhibitors managing any of the above indicated activities to have their own liability insurance in place listing you as Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any of the events occur in a bar or nightclub? -If yes, are those events occurring in a bar or nightclub open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant hire any subcontractors for these insured event(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do these subcontractors carry their own insurance naming you as Additional Insured on their insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COVERAGES (OPTIONAL)

Excess Coverage /Umbrella: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000
Event Cancellation: <input type="checkbox"/> Adverse Weather <input type="checkbox"/> Non- Appearance Covered Amount: \$ <input type="checkbox"/> Cost /Expenses <input type="checkbox"/> Gross Revenue What will cancel this event?
Rented Equipment: <input type="checkbox"/> Include - What is the replacement value of all of the rented equipment combined? - What type of property do you need coverage for? - Will the property be stored overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, please provide details of how it will be stored: - Will the Insured be responsible for transporting the property? - If Yes, please describe how it is transported: - If No, who is transporting the property? - Will the property stay in the possession of the Insured at all times prior to returning to rental company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Owned & Hired Auto: <input type="checkbox"/> Include Is hired/non-owned auto required? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount being charged to rent or lease the vehicle(s) \$ <input type="checkbox"/> Yes <input type="checkbox"/> No Are all drivers at least 25 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Do all drivers have a valid United States driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do any of the hired vehicles seat more than 12 people? <input type="checkbox"/> Yes <input type="checkbox"/> No What will the vehicle(s) be used for?



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Waiver of Subrogation: <input type="checkbox"/> Include	What is the name of the entity requesting the waiver of subrogation?
Primary & Non-Contributory Wording: <input type="checkbox"/> Include	
Liquor Liability Coverage: <input type="checkbox"/> Include	
<ul style="list-style-type: none"> - Estimated alcohol gross receipts? \$ - Will alcohol be served by a licensed bartender? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> - If No, who will be serving the alcohol? - Describe training and/or experience of persons serving the alcohol: - Average age of attendees? - What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons? 	
Does the Applicant have a valid liquor license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be an open bar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will alcohol be sold by the drink?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is BYOB (bring your own bottle) allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INSUREDS Use space provided below if custom wording or requirements are needed

<input type="checkbox"/> Additional Insured / <input type="checkbox"/> Loss Payee		
NAME _____		
Mailing Address _____		
City _____	State _____	Zip Code _____
<input type="checkbox"/> Premises Owner <input type="checkbox"/> Rental House <input type="checkbox"/> City / Gov Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sponsor <input type="checkbox"/> Other _____		

<input type="checkbox"/> Additional Insured / <input type="checkbox"/> Loss Payee (use additional sheet if needed)		
NAME _____		
Mailing Address _____		
City _____	State _____	Zip Code _____
<input type="checkbox"/> Premises Owner <input type="checkbox"/> Rental House <input type="checkbox"/> City / Gov Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sponsor <input type="checkbox"/> Other _____		

***PLEASE LIST ANY ADDITIONAL INFORMATION THAT MAY BE IMPORTANT OR HELPFUL:**

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Allen Financial Insurance Group

**FOR INSURANCE AGENTS ONLY

12424 N. 32 nd Street, #101 Phoenix, AZ 85068 Website: www.eqgroup.com			
602.992.1570 FAX 602.992.8327		Email: Entertainment@eqgroup.com	
Agent/Broker:		Date of Application	
Address:			
Contact:		Telephone Number:	
E-Mail		Fax Number:	

Allen Financial Insurance Group, Inc. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL VALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications. I confirm that I have read and understand the individual state fraud notices which are a part of this application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties. . 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.

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 IN WRITING

Applicant:	
Signature:	
Print Name:	
Title:	Date: