



6238 FAR HILLS AVE, DAYTON, OH 45459

Underwriting Managers/Commercial & Personal Specialty Lines

Phone: (937) 433-9946 or (800) 333-7394

Fax: (937) 433-5936

## SPECIAL EVENTS/SPECTATOR LIABILITY APPLICATION

APPLICANT NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Applicant is: PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ OTHER \_\_\_\_\_ (explain)

### EVENT INFORMATION

Detail description of event (attach flier, brochure, etc...) \_\_\_\_\_

Date of event: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ # of event days \_\_\_\_\_ # of setup/takedown days \_\_\_\_\_

Event is: For Profit \_\_\_\_\_ Not-for Profit \_\_\_\_\_

Applicant experience in conducting events of this or similar nature (give specifics)

Location of Event (BE SPECIFIC) \_\_\_\_\_

Event will be held: Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Seating will be: Reserved \_\_\_\_\_% General Admission \_\_\_\_\_%

Arrangements for compliance to local health codes: Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated attendance (per day) \_\_\_\_\_ Total number of participants \_\_\_\_\_

Maximum rated capacity of event location \_\_\_\_\_ Projected total gross receipts \_\_\_\_\_

Any celebrities to be present (list name and role in event) \_\_\_\_\_

All local license requirements have been met/licenses received: Yes \_\_\_\_\_ No \_\_\_\_\_

### LOSS EXPERIENCE

Prior Carrier \_\_\_\_\_

Loss experience of applicant for prior events of this nature or similar nature (give specifics):

LOSS DATE: \_\_\_\_\_ NATURE OF LOSS: \_\_\_\_\_ AMOUNT PAID: (RESERVED)

### CROWD CONTROL PROCEDURES

Ushers # \_\_\_\_\_ Private Security # \_\_\_\_\_ Municipal Police # \_\_\_\_\_ Off Duty Police # \_\_\_\_\_

Armed # \_\_\_\_\_ Unarmed # \_\_\_\_\_ Guard Dogs # \_\_\_\_\_ Other (explain) # \_\_\_\_\_

### EMERGENCY PROCEDURES

First Aid provided: Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

**IF BLEACHERS OR PLATFORMS ARE USED, FILL OUT THIS SECTION**

Bleachers or platform Age \_\_\_\_\_ Height \_\_\_\_\_ Rated Capacity \_\_\_\_\_  
Permanent \_\_\_\_\_ Portable \_\_\_\_\_ Construction Type \_\_\_\_\_  
Describe condition \_\_\_\_\_  
Did applicant erect bleachers: Yes \_\_\_\_\_ No \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_

SEA (06/04)

**EVENT ACTIVITIES**

**MUSICAL CONCERTS**

List performers and type of music \_\_\_\_\_

**FIREWORKS DISPLAY (Sponsor's Risk Only)**

Buffer zone from staging to spectator \_\_\_\_\_

**MOTORIZED VEHICLES**

List types and use \_\_\_\_\_

**TRACTOR PULLS, HAYRIDES, MOTORCROSS**

List number of vehicles & description, distance from spectators \_\_\_\_\_

**LIVE ANIMALS**

List type and use \_\_\_\_\_

**PARADES, FAIRS, CARNIVALS**

List type and give details \_\_\_\_\_

**AMUSEMENT DEVICES**

List type, use, and safety procedures \_\_\_\_\_

**FOOD & BEVERAGE SOLD**

List types \_\_\_\_\_

**ANY ADDITIONAL INSURED REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_** If yes, must have name, address, and insurable interest

**ALCOHOL**

**Is Liquor Liability Coverage desired \_\_\_\_\_ YES \_\_\_\_\_ NO.** If yes, must complete a separate **Liquor Liability Special Event Supplemental Questionnaire**

Is alcohol sold: YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, are Certificates of Insurance obtained from the Liquor Permit Holder? YES \_\_\_\_\_ NO \_\_\_\_\_

Estimated Gross Sales: \_\_\_\_\_

What controls are in place? \_\_\_\_\_

Are spectators allowed to bring alcohol into special event: YES \_\_\_\_\_ NO \_\_\_\_\_

**VENDORS – INSURANCE**

Are certificates of insurance maintained on file: YES \_\_\_\_\_ NO \_\_\_\_\_

Does the applicant have and/or signed any hold harmless contracts: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Explain \_\_\_\_\_

The applicant represents that the above statements are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or miss-stated and agree that the policy, if issued will be issued on the reliance of such representations.

SIGNATURE \_\_\_\_\_  
(APPLICANT)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**AGENTS USE ONLY**

**REQUESTED LIMITS OF LIABILITY**

General Liability Aggregate Limit	
Products/Completed Operations Aggregate Limit	
Personal and Advertising Injury Limit	
Each Occurrence Limit	
Fire Damage Limit (Any one fire)	
Medical Expense Limit (Any one Person)	<b>EXCLUDED</b>