



AGENTS INSURANCE MARKETS, INC.

P. O. Box 71360
Richmond, VA 23255-1360
800-627-0505 (Phone)/804-285-4945(Fax)

Special Event Application

Complete section(s) applicable to the type of event being held. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Event Location #1 _____

Event Location #2 _____

Event Location #3 _____

UNDERWRITING INFORMATION

1. Event Dates _____

Description of Event (**Attach** copy of flyer or brochure) _____

2. Estimated attendance per day _____ Total for all days event is held _____

Gross Sales \$ _____

3. Food or beverages sold or served by applicant? Yes No

If yes, provide details. _____

4. Alcoholic beverages on premises? Yes No

If yes, are they served by applicant or other? Is liquor liability coverage in place? Yes No

5. Seating arrangements – Describe (i.e., permanent, portable, bleachers, chairs, etc.) _____

_____ If portable, who does the erection? _____

6. Setup – Describe all exposures (i.e., booths, stages, electrical, special effects, etc.) _____

_____ Who is responsible for the setup? _____

7. Security – Describe (i.e., guards - unarmed vs. armed, dogs, off-duty police, etc.) _____

If guards are used, do they have their own insurance? Yes No

8. Parking facilities Yes No

Operated by: Applicant Others If others, do they have their own insurance? Yes No

Is parking area Paved Dirt Other (describe) _____

9. Medical emergencies – describe how an emergency will be handled: _____

UNDERWRITING INFORMATION (Continued)

10. Are certificates of insurance required from all subcontracted operations? Yes No

11. Does the applicant use any mobile equipment?..... Yes No

If yes, describe and give details of how it is used. _____

ANIMAL EXPOSURE

1. Are there animal rides?..... Yes No If yes, are animals hand lead? Yes No

List the types of animals _____

Describe area where rides are given (arena, roped off area, etc.) _____

Is safety apparatus used?..... Yes No

2. Is there a petting zoo?..... Yes No If yes, describe. _____

List the types of animals _____

How is it set up (fenced area, etc.)? _____

Is the area supervised? Yes No

AMUSEMENT DEVICES – KIDDIE TYPE

1. Provide a complete list of equipment. _____

2. Is applicant properly licensed to operate equipment? Yes No

3. Are the rides supervised at all times? Yes No

4. Does the vendor or subcontractor operate Kiddie rides? _____

AMUSEMENT DEVICES – OTHER THAN KIDDIE TYPE

Operator must have insurance and provide a certificate of insurance with limits and coverage at least equal to those requested on this application.

DEMOLITION DERBY, MUD BOGS AND TRACTOR PULLS

Provide description of facility (**Attach** diagram on separate sheet) including type of protection used to protect the spectators from flying debris, placement of barriers to keep vehicles a safe distance from spectators, etc. _____

DOG RACES, HORSE RACES, RODEOS AND HORSE SHOWS

1. Provide description of facility (**Attach** diagram on separate sheet) _____

2. Are spectators allowed in any area where animals are kept when not performing? Yes No

3. Do livestock contractors have their own insurance? Yes No

4. Is seating at least ten (10) feet from the arena? Yes No

FAIRS AND CARNIVALS

Provide complete description of event (**Attach** diagram on separate sheet indicating location of each exhibit, booth, ride, event, etc.)

FIREWORKS EXHIBITION – SPONSOR’S RISK ONLY

1. Pyrotechnicians must be licensed, have insurance and provide certificates of insurance with limits and coverage at least equal to those requested on this application..... Yes No
2. Are volunteers used to perform any duties at the exhibition? Yes No
3. Spectators must be at least one hundred fifty (150) feet from where fireworks are being set off. Describe crowd controls used to maintain this distance. _____

4. Describe the duties performed by volunteers. _____

MUSICAL CONCERTS

1. Name of performer(s) and type of music _____
2. Do they have their own insurance? Yes No
3. Describe seating, i.e., bleachers, grass, folding chairs, etc. _____
4. Is seating assigned? Yes No
5. Type of venue. indoor outdoor
If outdoors, if facility designed to accommodate this type of event? Yes No

PARADES – SPECTATOR LIABILITY ONLY

1. Provide complete description of parade including crowd control (**Attach** diagram of route and spectator areas on separate sheet.)

2. Provide number and type of floats. _____
3. Are there any animals in the parade? Yes No
If yes, describe. _____
4. Are participants required to have their own insurance? Yes No

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)** \$ _____
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE** \$ _____
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)** \$ _____
- EACH OCCURRENCE** \$ _____
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)** \$ _____
- MEDICAL EXPENSE (ANY ONE PERSON)** \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

 Producer's Signature Date Applicant's Signature Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.