



AGENTS INSURANCE MARKETS, INC.

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

SPECIAL EVENT LIABILITY

GENERAL INFORMATION:

- Name of Applicant: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Applicant's Web Site Address: _____
- Applicant is: Individual Corporation
 Partnership Other (Explain) _____
Applicant's interest in this event? _____
Names of other individual(s) or group(s) taking part in or sponsoring this event: _____
- Location where event is to take place:
Street: _____
City: _____ State: _____ Zip: _____
- Location is: Arena Convention Center Fairgrounds
 Public Park Private Residence Stadium
 Other (Describe)* _____
- Event is being held: Indoor Outdoor
- Type of event?
 Concert/Musical Performance Picnic
 Fund Raiser Convention/Trade Show
 Parade Company Picnic
 Sporting Event Political Event
 Other (describe)* _____

Give full description of events and schedules, and purpose of event. **(Attach copy of brochure and/or flyer)***

Web site address: _____

Is this part of a larger event? Yes No

If yes, please describe: _____

- Dates of Event: From ___/___/___ To: ___/___/___
Hours of Event: From ___/___/___ To: ___/___/___
Effective Dates Desired: From ___/___/___ To: ___/___/___

***If multiple event dates, attach schedule.**

- Is there an admission fee? Yes No
If yes, what is the price of admission? _____ Estimated gross receipts: _____
Is admission: General Admission By invitation only
Total estimated attendees per day _____ Total estimated for event: _____
What is maximum capacity of location holding event? _____
Average age of attendee is: _____

8. What type of seating will be provided? Bleachers Open Field Grandstand Stadium
 Other _____
- Is seating: Temporary Permanent
- If temporary, who is responsible for set up? _____
9. Are there any water hazards present? Swimming Pool Lake Pond
 Other (describe) _____

EVENT HISTORY:

10. Has this event taken place before? Yes No
 How many years? _____
 What was the previous attendance? _____
- Has applicant had previous insurance for this or any similar event? Yes No
 Prior carrier: _____ Expiring Premium: _____
- Have there been any losses in the past five years? Yes No

If yes, please attach company hard copy currently valued loss runs.

GENERAL LIABILITY:

11. Limits of Liability Requested: \$ _____ / _____ / _____
12. Name of any Additional Insured: _____
 Mailing Address: _____
 Additional Insured's interest in this event: _____
13. Will there be any live music? Yes No
If yes, what type of music? _____
 Provide name of entertainer: _____
 Any other type of entertainment? Yes No
If yes, please describe _____
 Any stage pyrotechnics? Yes No
 If yes, Indoor Outdoor
 Do you require all musicians/entertainers to provide you with a Certificate of Insurance? Yes No
 What limits of liability do you require? _____
 Are you named as an Additional Insured? Yes No
14. Describe any electrical or stage construction work performed by or for the proposed insured*: _____

15. If a sporting event, advise: # of participants _____ Professional Amateur
 Age of participant: _____ Under 18 _____ Over 18 _____
 # of games _____ # of races _____
 Is coverage desired for participants? Yes No
 Describe distance and protection between spectators and participants (**attach diagram**)*: _____

 Describe any participation by spectators: _____
16. If a political event, advise: National event State event Local event
 Name of political figure and title: _____
 Describe purpose of event: _____

17. Will there be carnival or amusement type rides? Yes No
If yes, please provide a list of carnival/amusement rides including inflatables* _____

Do amusement ride operators carry own insurance? Yes No

If so, at what limits _____? GL Work Comp

Do you require Certificate of Insurance from all operators? Yes No

Do you require all operators to name you as an Additional Insured on their policy? Yes No

18. Will there be any animals on display or petting zoos? Yes No

If yes, please provide details and list of animals* _____

Any saddle animals or carriage rides? Yes No

If yes, please provide details _____

19. Describe types of products sold or displayed by concessionaires: _____

How many concessionaires will be attending event? _____

Will alcohol be served? Yes No If yes, by applicant or independent vendors? _____

Will Liquor Liability coverage be obtained? Yes No If yes, at what limits? _____

Do you require all concessionaires to provide you with a Certificate of Insurance? Yes No

What limits of liability do you require? _____

Are you named as an Additional Insured? Yes No

20. Will there be any firework displays? Yes No

Name of pyrotechnician: _____

Licensed? Yes No

Any affiliation between organization and pyrotechnician? Yes No

If yes, please provide details _____

Will fire department and ambulance be on hand? Fire Ambulance

Provide name and address of person or organization putting on display:

Do you require them to provide you with a Certificate of Insurance? Yes No

What limits of liability do you require? _____

Are you named as an Additional Insured? Yes No

21. Describe type of Security and measures provided: _____

Who provides Security?

Employees of Applicant Local or State Police Independent Firm or Contractor

Armed Unarmed

If Independent Firm/Contractor:

Do you require them to provide you with a Certificate of Insurance? Yes No

What limits of liability do you require? _____

Are you named as an Additional Insured? Yes No

FIREWORKS WARRANTY CLAUSE

- All fireworks will be displayed not less than 50 yards away from spectators and automobile parking lots.
- All displays will be aimed away from spectators and parking areas.
- A test display will be shot into the air at least one hour before the actual display.
- Fireworks that have been wet prior to the display will not be used.
- All fireworks will be purchased from a USA Distributor or Manufacturer.
- Area will be policed for all debris upon completion of firing the display and policed and inspected for debris again the next morning.
- Pyrotechnicians are specifically excluded from all liability coverage.

22. Do you understand that the above warranty will become a part of any fireworks liability coverage issued:

Applicant's Signature: _____

Title: _____ Date: _____

Producing Agent: _____

***IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET.**