

Festivals and Special Events

Applicant Information

Applicant name: _____ Application date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Website: _____ Applicant's email: _____

Type of entity: Individual Partnership Corporation LLC Nonprofit Other _____

Federal Employer Identification Number (FEIN) or Tax Identification Number: _____

Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____

Location to be insured has been under present management since (year): _____

Is the applicant a member of any event safety association? Yes No

If yes, please provide name of association: _____

List previous names under which the applicant has operated, if applicable:

Name: _____

Name: _____

General Information

Name of event: _____

Please attach a complete schedule of events (if not on applicant's website).

Description of event/operations/business: _____

Policy period requested: _____ to _____

Date(s) of event: _____

Opening and closing hours of event: Open: _____ Close: _____

Location of event site (name of facility): _____

Address: _____

City: _____ State: _____ ZIP: _____

What is the applicant's past experience producing this type of event? _____

Gross receipts for event last year (all sources): _____

This year's budget: _____

Estimated total attendance this year: _____

Estimated maximum daily attendance: _____

Total attendance last year: _____

Does the applicant have annual owned or leased grounds exposure? Yes No

If yes, how many acres? _____

Additional insureds:

Name	Address	Relationship	Certificate Required
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Has insurance for this event ever been: Cancelled Declined Nonrenewed

If so, please explain: _____

Does the applicant engage in any other business operations under the same name? Yes No

If yes, please explain: _____

General Information (Continued)

Will there be a parade as part of the event?

Yes No

If yes, please submit a diagram of the parade route from beginning to end.

Date of parade: _____

Number of floats: _____

Estimated spectator attendance: _____

Are souvenirs or other items allowed to be thrown into the crowd?

Yes No

Safety & Security

Who is providing security for this event?

City County State Applicant/employees Private agency

If private agency, do they provide a Certificate of Insurance naming the applicant as an additional insured?

Yes No

If security personnel are the event employees, are they armed?

Yes No

If yes, attach training procedures to this application.

Average number of security officers per event day: _____

Average number of security officers after hours: _____

Minimum number and type of medical personnel:

Paramedic: _____

EMT/EMS: _____

Nurse: _____

Other: _____

Distance to nearest hospital: _____

Response time in minutes: _____

Is there an ambulance on site?

Yes No

Describe any other medical facilities on site:

Does applicant have written emergency procedures addressing the following?

Yes No

Severe weather Bomb threat Catastrophic occurrences (e.g., bleacher collapse)

Venue

Type of concert, if applicable: Hard Rock Jazz C&W Classical Bluegrass

Pop Rock Other: _____

Type of seating during event: Assigned Festival None

If the event is held indoors, does security check for cans and bottles at the door?

Yes No

Venue (Continued)

Will there be grandstands at the event?

Yes No

Year built: _____

Construction: Wood Concrete Metal Grandstand height: _____ (ft)

Guardrails: Sides Back Kick boards in place? Yes No

Number of fixed bleachers: _____

Construction: Wood Concrete Metal Bleacher height: _____ (ft)

Number of portable bleachers: _____

Construction: Wood Metal Bleacher height: _____ (ft)

Guardrails: Sides Back Kick boards in place? Yes No

Age of oldest bleacher unit: _____

Does applicant have a documented inspection/maintenance program for grandstands and/or bleachers? Yes No

If yes, date of last inspection: _____

If the event is held outdoors, describe fencing used to prohibit entry by non-ticket holders:

Does the applicant have a petting zoo? Yes No

If yes, please answer the following:

Is it operated by an independent contractor? Yes No

Does the applicant receive a certificate of insurance naming them as an additional insured? Yes No

Does the applicant have a contract with a hold harmless and indemnification agreement? Yes No

Are all animals properly vaccinated? Yes No

Is there a hand washing station at the exit of the petting zoo? Yes No

Is there signage posted with regard to the importance of hand washing after animal contact? Yes No

Does the applicant obtain certificates of insurance from product and/or service providers naming them as an additional insured? Yes No

Does the applicant provide housing for vendors and/or contractors? Yes No

If yes, please describe: _____

Submission Requirements

This application requires additional documentation:

- Complete schedule of events (if not on applicants' website)
- Diagram of the parade route from beginning to end
- Security personnel training procedures

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL

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

Applicable in AR, LA, MD, RI and WV

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

*Applies in MD Only.

Applicable in CA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in ME

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM

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 civil fines and criminal penalties.

Applicable in NY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Statements / Signature

Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in TN and VA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER