

Special Events Liability Application

| Applicant Information

Applicant name:		Application date:	
Address:		City:	State: ZIP:
Phone:	Website:	Applicant's email:	
Type of entity: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Nonprofit <input type="radio"/> 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			

| General Information

Event name:	
Event description:	

General Information *(Continued)*

Requested effective coverage from _____ to _____

Requested liability limits: Occurrence: _____ Aggregate: _____

Requested deductible: _____

Is the applicant's current insurance company offering renewal? ☐ Yes ☐ No

If no, please explain: _____

Has the applicant's insurance ever been canceled or non-renewed? ☐ Yes ☐ No

If yes, please explain: _____

Venue

Event venue name and address: _____

Does the venue carry liability insurance? ☐ Yes ☐ No Limit: _____

Has the applicant held this event in the past? ☐ Yes ☐ No If yes, number of years: _____

Please provide details of all insured or uninsured losses, claims or incidents for this event in the past 5 years
(Attach separate sheet if needed): _____

How is the event being promoted? _____

Is the event outdoors? ☐ Yes ☐ No

If yes, is the area fenced or otherwise enclosed? ☐ Yes ☐ No

Is the applicant responsible for parking? ☐ Yes ☐ No

If yes, is the lot attended? ☐ Yes ☐ No

Seating capacity: _____ Estimated attendance per day: _____ Estimated total attendance: _____

Number of tickets printed: _____ Number of tickets sold to date: _____

Price of admission: _____ Estimated gross receipts: _____

Estimated payroll: _____

Additional insureds:

Name	Address	Relationship

Venue *(Continued)*

Will there be any exhibitions, demonstrations, parades, or pageants?

☐ Yes

☐ No

If yes, describe:

Type of seating?

☐

Bleacher

☐

Stadium

☐

Grandstand

☐

Theatre

☐

Folding Chairs

☐

Other

Seating construction:

☐

Temporary

☐

Permanent

Ticket type:

☐

Reserved

☐

General Admission

If the event is outdoors, does the event end 90 minutes prior to sundown?

☐ Yes

☐ No

If no, do all spectator areas and parking lots have permanent lighting?

☐ Yes

☐ No

If a stage is involved, is it temporary?

☐ Yes

☐ No

If yes, who is responsible for set up?

☐

Applicant

☐

Other (name)

If other than the applicant, is a Certificate of Insurance provided naming the applicant as an Additional Insured?

☐ Yes

☐ No

Limit:

Carrier:

If a tent is involved, who is responsible for set up?

☐

Applicant

☐

Other (name)

If other than the applicant, is a Certificate of Insurance provided naming the applicant as an Additional Insured?

☐ Yes

☐ No

Limit:

Carrier:

Is temporary lighting involved?

☐ Yes

☐ No

If yes, who is responsible for set up?

☐

Applicant

☐

Other (name)

If other than the applicant, is a Certificate of Insurance provided naming the applicant as an Additional Insured?

☐ Yes

☐ No

Limit:

Carrier:

Are ushers used?

☐ Yes

☐ No

If yes, who provides the ushers?

☐

Applicant

☐

Other (name)

Number of vendors/trade booths:

Please describe the kinds of goods sold or displayed:

Are there any on-site demonstrations at the event such as blacksmithing, candle making, cooking, etc.?

☐ Yes

☐ No

If yes, describe:

Are vendors/trade booths required to provide a Certificate of Insurance naming the applicant as an Additional Insured?

☐ Yes

☐ No

Limit:

Carrier:

Safety & Security

Who is providing security? ☐ Applicant/employees ☐ Venue ☐ Contracted service ☐ Police
☐ Other _____

If provider is other than the applicant, are there signed contracts outlining roles and responsibilities?

☐ Yes ☐ No

If yes, does the contract require that the applicant be held harmless?

☐ Yes ☐ No

If yes, minimum limits required: _____

Is a Certificate of Insurance obtained naming the applicant as an Additional Insured on the provider's General Liability policy?

☐ Yes ☐ No

If yes, limit: _____

Do security personnel employed by the applicant or contracted service carry weapons?

☐ Yes ☐ No

Is the event being held on a street or other public place to which vehicles have access?

☐ Yes ☐ No

If yes, please describe protection between the street and sidewalks:

Does the event involve a parade?

☐ Yes ☐ No

Number of units in the parade (Each marching band, float, car carrying a personality, etc. is considered one unit): _____

Is anything thrown from any of the units?

☐ Yes ☐ No

If yes, please describe: _____

Length of parade in city blocks: _____

Duration of parade: _____

Estimated number of spectators at parade: _____

Concessions & Liquor

Is the applicant responsible for food and/or drink?

☐ Yes ☐ No

If a third party is used for food and/or drink sales, is a Certificate of Insurance obtained with the applicant named as an Additional Insured?

☐ Yes ☐ No

Limit: _____

Carrier: _____

Estimated annual sales of alcohol: _____

Food: _____

Will liquor be sold at the event?

☐ Yes ☐ No

If yes, who holds the valid liquor license? _____

If a third party is used for liquor sales, is a Certificate of Insurance obtained evidencing liquor liability with the applicant named as an Additional Insured?

☐ Yes ☐ No

Limit: _____

Carrier: _____

Concessions & Liquor *(Continued)*

Do servers receive alcohol awareness training?

☐ Yes

☐ No

If yes, please describe the training:

What time does the sale or service of alcohol stop?

☐ a.m.

☐ p.m.

☐ 24 hours

Does the applicant permit BYOB?

☐ Yes

☐ No

Are there cooking facilities on the premises?

☐ Yes

☐ No

If yes, please describe type of fire protection:

Additional Exposures

Will the applicant provide any overnight camping facilities or other accommodations?

☐ Yes

☐ No

If yes, please describe:

Is the applicant signing any hold harmless agreements?

☐ Yes

☐ No

If yes, please specify the other party and the responsibility:

Is the applicant being held harmless by others?

☐ Yes

☐ No

If yes, please specify the other party and the responsibility:

If yes, please attach a copy of agreements.

Submission Requirements

This application requires additional documentation:

- Insurance company loss history for the past 5 years. Describe any losses over \$5,000 in detail
- Copies of all lease and hold harmless agreements
- Copy of brochure for this event
- Diagram of location(s) of event

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, AR, DC, LA, MD, NM, 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 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 FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, NY, OH and 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits *Applies in ME Only.

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 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 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.

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