



United States Liability Insurance Group

The Main Event®

Special Event Liability

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

TYPE OF EVENT

- | | | |
|---|--|--|
| <input type="checkbox"/> Beer Garden/Beer Tent | <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Individual Vendor Booth |
| <input type="checkbox"/> Car Show | <input type="checkbox"/> Motor Vehicle Race/Show | <input type="checkbox"/> Picnic |
| <input type="checkbox"/> Concerts/Musical Performance | <input type="checkbox"/> Competition or Show | <input type="checkbox"/> Sporting Event/Tournament |
| <input type="checkbox"/> Conventions/Trade Show/Exhibit | <input type="checkbox"/> Parade | <input type="checkbox"/> Wedding/Wedding Reception |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Party/Social Event | <input type="checkbox"/> Other (describe) _____ |

GENERAL INFORMATION

1. a. Name of Applicant: _____
b. Mailing Address: _____
c. Describe Applicants Role and Responsibility in Event: _____
2. a. Name of Additional Insured: _____
b. Mailing Address: _____
c. Additional Insured's Interest in Event: _____
3. a. Location of Event (name & address): _____
b. Will the event take place on the applicant's premises? ☐ Yes ☐ No
c. Location is:

<input type="checkbox"/> Private Residence	<input type="checkbox"/> Liquor-Licensed Establishment	<input type="checkbox"/> Indoors
<input type="checkbox"/> Convention Center	<input type="checkbox"/> Stadium	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Arena	<input type="checkbox"/> Fair Grounds	<input type="checkbox"/> Other (describe): _____
4. a. Dates of Event: From: ____/____/____ To: ____/____/____
(If one day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12am.)
b. Desired Coverage Date(s): From: ____/____/____ To: ____/____/____
c. If event date(s) differs from desired coverage date(s), explain _____
d. Is set-up and take-down coverage needed for additional dates? ☐ Yes ☐ No
If so, what are the dates and what will this exposure include? (ie: any machinery?) _____
e. Would you like to include a rain date? ☐ Yes ☐ No If so, what date? _____
5. Hours of Event: From: _____am/pm To: _____am/pm If Hours vary by Date, describe: _____
6. a. Full Schedule/Description and Purpose of Event (Attach copy of brochure and/or flyer to this application): _____
b. Is this part of a larger function? ☐ Yes ☐ No If Yes, describe: _____
7. Will there be any Entertainment? ☐ Yes ☐ No If Yes, describe, (include name of performers and acts): _____
8. Is there an Admission Charge? ☐ Yes ☐ No If Yes, cost of admission per person? _____
9. a. ESTIMATED TOTAL ATTENDEES PER DAY _____ b. Average Age of Attendees: _____
c. If applicant is an individual exhibitor/vendor, what is the estimated attendees per day anticipated to visit their booth? _____
d. Attendance is: ☐ by Invitation Only ☐ Open to the Public
e. What is the Maximum Capacity of Facility holding Event? _____
10. Coverage Desired: ☐ Commercial General Liability & Liquor Liability ☐ Commercial General Liability Only ☐ Liquor Liability Only
11. Limits of Coverage Desired: _____

HISTORY

12. Number of Years Event has been Previously Held: _____
13. Actual Total Attendance for Prior Year's Event: _____
14. Previous Carrier: Policy Number and Premium: _____
15. Losses or Claims during the Past Five Years: _____

LIQUOR LIABILITY

16. ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY _____
17. a. Is Applicant Sole Vendor of Alcohol at Event? ☐ Yes ☐ No If No, List Number of Other Vendors Serving Alcohol _____
 b. Are all Participating Alcohol Vendors Required to Carry Minimum Liquor Liability Limits for the Event? ☐ Yes ☐ No
 If Yes, What is the Minimum Requirement? _____
18. a. Will Alcohol be dispensed by a Professional Bartender? ☐ Yes ☐ No
 If No, Describe how and by whom Alcohol will be dispensed: _____

 b. Describe training and/or experience of persons serving alcohol: _____
 c. What measures are in place to prevent service of alcohol to minor and/or intoxicated persons? _____

19. If required, does applicant have a valid liquor license? ☐ Yes ☐ No ☐ Not Required
20. a. Number of Bars or Areas at which Alcohol will be Dispensed at the Event? _____
 b. Is Alcohol Consumption Confined to this (these) Area(s)? ☐ Yes ☐ No If No, Describe _____
 c. Will there be an Open Bar? ☐ Yes ☐ No
 d. Will Alcohol be sold by the Drink? ☐ Yes ☐ No
 If yes, Cost Per Drink _____
 e. Is BYOB (Bring Your Own Bottle) or Self-Service of alcohol permitted? ☐ Yes ☐ No
21. Will Food be Sold or Served? ☐ Yes ☐ No If Yes, Describe Type of Food Available? _____
22. a. Estimated Gross Food Receipts per day: _____ b. Estimated Gross Alcohol Receipts per day: _____

COMMERCIAL GENERAL LIABILITY

23. Will event feature any of the following:
 a. Rides, mechanical devices, rebounding devices (ie: moon bounce, rock climbing wall or trampolines)? ☐ Yes ☐ No
 Explain which type: _____
 If yes, can a Certificate of Insurance be obtained for this exposure at the event? ☐ Yes ☐ No
 b. Petting zoo or animal rides? ☐ Yes ☐ No
 If yes, can a Certificate of Insurance be obtained for this exposure at the event? ☐ Yes ☐ No
 c. Firearms or Fireworks? ☐ Yes ☐ No
 d. Overnight camping? ☐ Yes ☐ No
 e. Dunk Tanks? ☐ Yes ☐ No
 f. Are there any water hazards present? ☐ Swimming Pool ☐ Lake ☐ Pond ☐ Other _____
24. a. Will there be individual exhibitors, booths or vendors at the event? ☐ Yes ☐ No
 b. If Yes, are they required to carry their own insurance? ☐ Yes ☐ No c. What limit is required? _____
25. a. Describe SECURITY Measures: _____
 b. Is Security provided by: ☐ Independent Contractors ☐ Employees of Applicant ☐ On-Duty Police
 c. If Security is provided by independent Contractors, are they required to carry their own insurance? ☐ Yes ☐ No
26. If a MUSICAL EVENT:
 a. Name(s) of Performer(s): _____
 b. What type of music? _____ c. Is this a ☐ local or ☐ national performer?
 d. Is dancing permitted? ☐ Yes ☐ No e. Are performers required to carry their own insurance? ☐ Yes ☐ No
27. If Event is a PARADE, what is:
 a. Number of Floats _____ b. Number of Marching Units _____
 c. Length of Parade _____
 d. Will participants be throwing objects into the crowd? (ie: candy, etc.) ☐ Yes ☐ No
28. If ATHLETIC EVENT, give:
 a. Number of Games _____ b. ☐ Professional? or ☐ Amateur? c. Type of Events? _____
 d. Is Athletic Participants Coverage Desired? ☐ Yes ☐ No If yes, Decline.
29. If Event is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW:
 a. What type of barriers are in place to ensure spectator safety? _____
 b. Are the barriers permanent? ☐ Yes ☐ No
 c. What is the distance between the barriers and spectators? _____
 d. Are spectators ever permitted in the pit or infield area? ☐ Yes ☐ No
30. Will there be temporary erected bleachers or grandstands? ☐ Yes ☐ No

FRAUD STATEMENT: 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.

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAMED INSURED AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

APPLICANT'S SIGNATURE: _____ DATE: _____