

The Main Event® - Special Event Liability

TY	PE C	F EVENT									
	 □ Beer Garden/Beer Tent □ Car Show □ Concerts/Musical Performance □ Conventions/Trade Show/Exhibit □ Festival 			☐ Motor Vehicle Race/Show ☐ Competition or Show ☐ Parade		□ Picnic□ Sporting□ Wedding	 □ Individual Vendor Booth □ Picnic □ Sporting Event/Tournament □ Wedding/Wedding Reception □ Other (describe): 				
GE	NER	AL INFORMATIO	N								
1.	a. Name of applicant:										
		(List only one leg	only one legal & dba name. Do not include "etal", "etc." or other similar wording in the name).								
	b.	b. Mailing address:									
	C.										
	d.	Is there a website	e for this event?						☐ Yes*	□ No	
			vebsite address:								
2.	a.	Name of addition	nal insured:								
	b.	Mailing address:									
	C.	Additional insure	d's interest in event: _								
3.	a.	a. Location of event (complete street number/name, city, state & zip):									
	b.	b. Will the event take place on the applicant's premises?					☐ Yes	☐ No			
	C.	Location is:	☐ Private Residence☐ Convention Cente☐ Arena		☐ Liquor-L☐ Stadium☐ Fair Gro		tablishment		doors utdoors her (describe):		
	d.	Is the annlicant's	premises located in a	iurisdictio			es to be bear			□ No	
4.		Dates of event:	•	-	-					_ 110	
→.									et 12:00 AM)		
	b.	(If one day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12:00 AM b. Desired coverage date(s): From:///									
	C.										
	d.		e-down coverage nee	-					☐ Yes*	□ No	
	*If yes, what are the dates and what will this exposure include?										
		*Will there be an	y heavy machinery us	ed?					☐ Yes	□ No	
	e.	Would you like to	include a rain date?	□ Y	es*	□ No *I	f yes, what da	nte?			
5.	Ηοι	urs of event: Fro	m:AM/PM	To:	AM/PM	If hours \	ary by date, d	lescribe:			
0			ECODIDITION AND DI	IDDOOL O	NE EVENIT / 44		-f h	vahaita nassa s		-liti	
6.			ESCRIPTION AND PL activities taking place)		•				-	-	
7.		I there be any ente							☐ Yes*		
	*If y		include name of perfo								
8.	a.		TAL ATTENDEES PER								
	b. Average age of attendees:										
	C.										
	d.	. What is the maximum capacity of facility holding event?									

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	· ·			oility L Commercial G		ollity Only 🔟 L	iquor Liabilit	y Only
10.	imits of coverage des	ired:						
HIST	ORY							
11.	Number of years event	has been previousl	y held:					
12.	Actual total attendance	for prior year's ever	nt:					
13.	Previous carrier:			Policy number and pr	emium:			
14.	osses or claims during	g the past five years						
	OR LIABILITY							
		OF ATTENDEES (CONSUMING ALCOHO	DAILY.				
15. ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY:16. a. Is applicant the sole vendor/server of alcohol at event?						☐ Yes	□ No*	
10.								1 100
			•	/ liquor liability limits for			☐ Yes*	□ No
		_	•	inquoi nabinty infinto for			00	
17. :	-	pensed by a profess					☐ Yes	□ No*
17.		•						
	ii iio, acconoc iio	w and by whom aloo	onor will be dispensed.					
ı	 Describe training a 	and/or experience of	persons serving alcoh	nol:				
	=	•	· -	minor and/or intoxicated				
					-			
18.	f required, does applic	cant have a valid liqu	or license?		☐ Yes	□ No	☐ Not Re	eauired
19.				ng alcoholic beverages?			☐ Yes	□ No
ı	o. Will alcohol be sol		0, 0				☐ Yes*	□ No
	*If yes, estimated	gross alcohol receip	ts per day:					
20.	s BYOB (Bring Your O	-	•				☐ Yes	□ No
COM	MERCIAL GENERAL	LIABILITY						
	Will event feature any o							
	a. Mechanical rides/o	•					☐ Yes	□ No
			polines or similar rebo	undina devices?			☐ Yes *	□ No
		•		•				
	*If yes, will a Certi	ficate of Insurance	oe obtained for this exp	oosure at the event?			☐ Yes	□ No
(c. Petting zoo or anin	nal rides?					☐ Yes*	☐ No
	*If yes, will a Certi	ficate of Insurance I	be obtained for this exp	oosure at the event?			☐ Yes	☐ No
(d. Firearms or firewo	rks?					☐ Yes	☐ No
(e. Overnight camping	j ?					Yes	☐ No
1	Dunk tanks?						Yes	☐ No
,	g. Water hazards?						☐ Yes*	☐ No
		permitted to swim,					☐ Yes*	☐ No
	*If yes, describe: _							
				b-contractors or indepe			☐ Yes*	☐ No
,								
23.								
I	b. Is security provide	•	•	☐ Employees of appl		On-duty poli	ice	
(c. If security is provide	ded by independent	contractors, are they re	equired to carry their ow	n insuranc	e?	☐ Yes	☐ No
24.	f this is a CONCERT/N	MUSICAL EVENT, C	omplete below: (Please	e note, coverage for inju	ry to perfor	mers and ente	ertainers is e	excluded from
(our policy).							
		• •						
	= -							
(c. Performers are:	Local	National					

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	d.	Will pyrotechnics be featured?	☐ Yes	□ No					
	e.	Any special effects?	☐ Yes*	☐ No					
		*If yes, describe:							
25.	If th	f this is a PARADE EVENT, complete below: (Please note, coverage for injury to parade participants is excluded from our policy).							
	a.	Has parade route been approved by local authorities and will route be secured by police?	☐ Yes	☐ No*					
		*If no, explain:							
	b.	Are parade participants permitted to throw souvenirs, candy or other items into the crowd?	☐ Yes	☐ No					
	C.	Describe parade route from start to finish:							
26.	If th	this is an ATHLETIC EVENT, complete below: (Please note, coverage for injury to athletic participants is excluded from our policy).							
	a.	Describe athletic event: b. □ Professional or □ Amateur							
	C.	Is athletic participant's coverage desired?	☐ Yes	☐ No					
27.	If th	f this is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW, complete below: (Please note, coverage for injury to							
	participants is excluded from our policy).								
	a.	Is the venue designed specifically for this type of activity?	☐ Yes	☐ No					
	b.	Are metal or concrete barriers in place to ensure spectator safety?	☐ Yes	☐ No*					
		*If no, describe:							
	C.	Are the barriers permanent?	☐ Yes	☐ No					
	d.	How high are the barriers?							
	e.	What is the distance between the barriers and spectators?							
	f.	Will the venue provide a catch fence for the event?	☐ Yes	☐ No					
	g.	Are spectators ever permitted in the pit or infield area?	☐ Yes	☐ No					
	h.	Will event feature audience participation? (i.e. calf scrambles)	☐ Yes	☐ No					
	i.	If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the							
		general public?	☐ Yes	☐ No					
28.		nis is a HEALTH FAIR/CONVENTION, complete below:							
	a.	Will the event feature any medical or health treatment?	☐ Yes	☐ No					
29.	If th	this is a CAR SHOW/MOTOR VEHICLE SHOW, complete below: (Please note, coverage for injury to participants is excluded from							
	our	our policy).							
	a.	Do vehicles remain stationary throughout the show with the engines off?	☐ Yes	☐ No					
	b.	Will the event feature burnouts, drag races or flame throwing?	☐ Yes	☐ No					

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: 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.

Maine Fraud Statement: 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.

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

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New York 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Pennsylvania 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

Applicant's Signature:	Date:				
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:					

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