

7. Estimated attendance per day:

Ticket price: \$	Estimated Gross Receipts: \$
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Yes **No**

8. Is contractual liability required? Yes No
 If yes, describe all contracts and/or hold harmless agreements, whether written or oral (including dates, contracting parties, and cost):

9. Are certificates of insurance secured from exhibitors and vendors? Yes No

10. Do you use independent contractors? Yes No
 If yes, describe:

11. Are there any playground/amusement rides on the premises? Yes No
 If yes, provide details:

12. Is there an overnight exposure? Yes No
 If yes, provide details:

13. Is event of a politically sensitive nature? Yes No

14. Will this event be hosting any Air Shows? Yes No

15. Will any ballooning, including hot air balloons or sky diving events be held? Yes No

16. Will the event include any gun related demonstrations/activities? Yes No

17. Describe any products sold by or for you:

18. Are any water hazards present? Yes No
 If yes, explain:

First Aid

1. Will first aid services be available? Yes No
 If yes, explain:

If yes, indicate who will be in charge of the facilities: Doctors Nurses Other:

Concessions

	Yes	No
1. Are food and beverages sold or served by you?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will alcohol be served?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		
Receipts: Food: \$		
Alcohol: \$		
3. Is liquor sold or served by others?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do they have their own insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Traffic Control/Security

1. Describe security and crowd control arrangements:

Type of Security Employed	# Armed	# Unarmed
Employed Security		
Independent Security Company		
Chaperons		

3. Ratio of guards to admissions/spectators:

Yes **No**

4. Do they have power of arrest? Yes No

5. Is there a written emergency plan in the event of an accident? Yes No

6. If independent security, are certificates of insurance furnished with Additional Insured status? Yes No

7. Indicate who is responsible for crowd and traffic control:

Parade N/A

1. Details and length of parade route:

2. Describe motorized vehicles and/or floats:

- | | | |
|----------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 3. Are cross streets barricaded? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any animals? | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes, explain:

Rodeo, Horse Show, Cattle Show, Etc. N/A

1. Describe event in full detail:

2. Number of event days: _____ Number of events: _____

Event is: For Profit Non-profit

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 3. Do livestock contractors have their own insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do they provide Certificates of Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
5. Describe spectator protection and separation from chutes, pens, loading zones:

6. Distance between barriers and spectators:

Provide a diagram.**Concerts** N/A

1. Estimated attendance for the concert(s) only:

2. Seating is: Assigned Unassigned | Capacity of facility used for concert: _____3. Type of music being performed: Country Pop (Top 40) Rap Hard Rock
 Punk Classical Easy Listening Other:

4. List all performers or groups:

5. Are there any special effects? Yes No

If yes, describe:

Haunted House N/A

1. Describe building and construction:

Age: _____

Condition: _____

2. Ratio of attendants to the public: _____

Number of persons per group: _____

Age of clients: _____

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 3. Are children supervised? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there separate entrances and exits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the house been inspected by a Fire Marshall? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the house meet all local, city and state codes? | <input type="checkbox"/> | <input type="checkbox"/> |
7. Describe any temporary structures:
8. Indicate if any of the following are present:
- | | | | |
|--|--|---|---------------------------------|
| <input type="checkbox"/> Unlit Stairs | <input type="checkbox"/> Moveable Floors | <input type="checkbox"/> Sinking Floors | <input type="checkbox"/> Slides |
| <input type="checkbox"/> Fire or Flash Powders | <input type="checkbox"/> Suspended Bridges | <input type="checkbox"/> Electric Shock Devices | |
- Describe special effects:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 9. Do you use empty hangmen ropes, knives, swords or similar items?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are stairwells lit and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have lead and follow-up guides? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have a door monitor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the public participate in stunts?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone touch the public? | <input type="checkbox"/> | <input type="checkbox"/> |

Racing/Motorized Vehicle Event N/A

1. Type of race/event (i.e. Mud Rallies, Tractors, Trucks, etc.):

2. Track Name: _____
3. Number of Event Dates: _____

Planned for current year:	_____
Held last year:	_____
4. Attendance per Event Date: _____

Average:	_____	Maximum:	_____
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5. Track Description - Attach diagram showing the following:
 - Location of all grandstands/bleachers and any other area where spectators are allowed.
 - Shape of track (straight, oval, serpentine, etc.)
 - Barriers

ADDITIONAL INSUREDS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are any Additional Insured's required?
If yes, list name and describe interest of each: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you required to sign a lease agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you held harmless by others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you agree to hold any third party harmless?
If yes, indicate who: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

FRAUD STATEMENTS

ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
