

**GENERAL INFORMATION**

1. First Named Insured \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
Street City County State ZIP Code
3. Effective Date Desired \_\_\_\_\_ Term Desired \_\_\_\_\_

4 COVERAGES		LIMITS	
<input type="checkbox"/> Products-Completed Operations		General Aggregate	\$ _____
<input type="checkbox"/> Premises Operations		Products-Completed Operations Aggregate	\$ _____
<input type="checkbox"/> Medical Payments		Personal and Advertising Injury Limit	\$ _____
<input type="checkbox"/> Contractual Liability		Each Occurrence Limit	\$ _____
<input type="checkbox"/> Damage to Premises Rented to You		Damage to Premises Rented to You Limit	\$ _____
<input type="checkbox"/> Personal and Advertising Injury		Medical Expense Limit	\$ _____

5. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/ Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

**Missouri Applicants: DO NOT answer this question.**  
Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?  
 No  Yes - If so, give name of company, date, and reason.

**UNDERWRITING INFORMATION**

6. Additional Insured(s) required?  Yes  No Provide name and describe interest.  
\_\_\_\_\_  
\_\_\_\_\_
7. Location of Primary Event \_\_\_\_\_  
Street City County State ZIP Code
8. Provide a complete description of all events including locations and dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Attach brochures or any other advertising)*
9. If applicable, hours of event: From \_\_\_\_\_ To \_\_\_\_\_
10. Will first aid services be available?  Yes  No  
If Yes, explain. \_\_\_\_\_
11. Will alcohol be served?  Yes  No  
If Yes, explain. \_\_\_\_\_
12. Are there mechanical rides, moonwalks, trampolines, dunk tanks or water slides?  Yes  No  
If Yes, explain. \_\_\_\_\_
13. Describe security and crowd control measures. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Are any water hazards present?  Yes  No  
If yes, explain. \_\_\_\_\_
15. Will fireworks be displayed?  Yes  No  
If yes, would you like coverage as a sponsor of the fireworks?  Yes  No  
If yes, who will be igniting the fireworks?  Fire Department  Licensed Pyrotechnist  
 Other (Explain in detail) \_\_\_\_\_  
Igniter is an:  Employee  Independent contractor  
What are the policy limits on the igniter's policy? \_\_\_\_\_  
(Attach certificate of insurance for the part responsible for igniting the fireworks.)
16. Number of grandstands or bleachers (if any) \_\_\_\_\_  Permanent  Temporary
17. Seating capacity \_\_\_\_\_ Are all seats assigned?  Yes  No  N/A
18. Estimated attendance per day \_\_\_\_\_ Ticket price \_\_\_\_\_ Est. gross receipts \_\_\_\_\_
19. 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). \_\_\_\_\_  
\_\_\_\_\_
20. Is set up and take down coverage desired?  Yes  No If Yes, on what date(s)? \_\_\_\_\_
21. How many times has this event been held in the past? \_\_\_\_\_
22. Do you use independent contractors?  Yes  No  
If Yes, describe how. \_\_\_\_\_  
\_\_\_\_\_
23. Are certificates of insurance secured from exhibitors and vendors?  Yes  No
24. Describe any products sold by or for the Named Insured. \_\_\_\_\_  
\_\_\_\_\_

**CONCERTS ONLY**

1. Location of concert(s) \_\_\_\_\_ Date(s) \_\_\_\_\_
2. Estimated attendance for the concert(s) only \_\_\_\_\_
3. Seating is:  Assigned  Unassigned Capacity of facility used for concert: \_\_\_\_\_
4. Type of music being performed:  Country  Pop (Top 40)  Rap  Hard Rock  Punk  
 Classical  East Listening  Other \_\_\_\_\_
5. List all performances or groups. \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE**

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

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.

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Signature of Applicant

Title

Date

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Signature of Producing Agent

Date

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Agent Name and Address