

# Special Events Application

## About This Program

This application is used to insure a single event taking place in the United States or Canada.



## Required Documents

The following documents are required to apply for coverage:

- This application (pages 1- 3)
- Additional Insured Supplement
- Vendor Schedule (if applicable)
- Hired/Non-Owned Auto Supplemental (if hired/non-owned auto coverage is required)
- Workers Compensation Worksheet (if applicable)
- Liquor Supplement (if applicable)
- Event Specific Documentation (if applicable)
- Fraud Statement

## Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

## Underwriting Qualification Questions

The event will take place in the United States	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm only one event can be covered per policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the event include any of the following? Stunts, Pyrotechnics, Aircrafts, Hazardous Activities, Car Races, Precision Driving, Mechanical Amusement Devices, Film Production, Live Rap or Hip-Hop Performances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any bounce houses or inflatables? (if yes, certificates of insurance are required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any private armed security? (i.e. armed security that work exclusively for you under your employ)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details:				
Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

# Special Events Application

## Event Information

Required

### Event Details

Event Type	
Event Name	
Event Description	
Cost/Budget	
Artist/Band (if any)	
Average Daily Spectators	
Average Daily Participants	

### Event Dates

Setup Date(s)	
Event Date(s)	
Tear Down Date(s)	

### Venue Details

Name of Venue	
Address	
City, State, Zip	
Event takes place indoors or outdoors	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors

Optional

### Concert Information (applicable only if event includes live music)

Type of Music	
Music Decade	
Artist(s) Name(s)	

### Vendors (complete only if coverage for vendors is required)

You are automatically covered for claims arising out of the vendors activities (unless the activities are excluded on the policy). By inputting the information below and providing a schedule subject to underwriter's review, for an additional premium the vendors coverage will be extended to allow for vendors to be covered should they be named in a suit.

# of Exhibitors	
# of Non-Food Concessionaires	
# of Food Concessionaires	
# of Attractions/Performances	

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# Special Events Application

## Hired & Non-Owned Auto Supplemental

Complete this section if Hired & Non-Owned Auto Liability coverage is required.

### Cost of Hire

Parameter	Value
Number of Vehicles to be Hired, Loaned or Donated	
Number Days Vehicles will be used	
Cost of Hire (Other than mobile studios/film trucks)	
Cost of Hire (mobile studios & film Trucks)	

### Transportation

Will any bus or van be hired primarily for the purpose of transporting people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the above answer is "Yes", provide the driver information below.

### Driver Schedule \*

First & Last Name of Driver	State Licensed	Drivers License Number

A current driving record is required for each driver indicated above.

# Special Events Application

## Workers Compensation Details

Complete this section only if workers compensation coverage is desired.

### Payroll Company

Name of Payroll Company (if any)	
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**Payroll – Primary State** (if multiple locations within a State, list each location separately)

State \_\_\_\_\_

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Performers (other than Dance)			
Performers (Dance)			
Crew			

**Payroll – Additional States** (Complete this section for each additional State.)

State \_\_\_\_\_

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Performers (other than Dance)			
Performers (Dance)			
Crew			

### Officers & Owners (Include/Exclude)

Should Officers & Owners be included or excluded?	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
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### Schedule of Officers & Owners

First Name/Last Name	Social Security Number	Title

### Notes:

- Workers Compensation coverage may not be available in all states.
- Certain activities may preclude eligibility for workers compensation coverage.

# Special Events Application

## Liquor Liability Supplement

Complete this section only if liquor liability (i.e. full liquor coverage) is desired. Do not complete if host liquor only is required. Full liquor is available in all states except AK, AL, DC, HI, NH, PA, VT.

### Liquor Questions

1	Will liquor be served or sold at any event(s)? If yes, proceed to question 2. If no, this section is complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Will the amount of liquor sales be greater than \$5,000 If yes, proceed to question 3. If no, this section is complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Amount of Liquor Sales:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Is your business a bar, tavern, "honky tonk", brewery, wholesale liquor distributor or retail liquor store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Do you have a license to sell liquor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do you have anyone selling liquor that is under the age of 21?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Have you and those selling liquor on your behalf completed a liquor control program, which may include; either TIPS (Training for Intervention Procedures by Servers of Alcohol), TAM (Techniques of Alcohol Management) or S.E.R.V.E (Sensible Education for Responsible Vendors and Employees), or another similar program designed specifically for the purpose of providing training and education to employees who sell or serve alcohol.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Notes

The excess liability does not provide a layer above liquor liability. It does provide a layer above host liquor.

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## Event Specific Documentation

The events listed below require additional documentation.

### Required Documentation

Event Type / Activity	Required Documentation / Information
Contact Sports, Poker Runs	Sample of a Waiver that Participants are required to sign. Statement from insured that all Participants are required to sign the waiver.
Bounces Houses, Rides, Inflatables	Certificate of Insurance from the vendor naming the event holder as additional insured.
Concerts/Festivals with more than 10,000 attendees per day	Security contract. Venue contract.
Music Festivals	Schedule of Performers. Times of Shows.
Events with Overnight Camping	Venue contract. Confirmation whether insured or venue is responsible for the camping exposure.
Haunted Houses	Diagram of Attraction. Hours of Operation. Advice of any moving parts or ride type exposures. Clearly lit and identifiable exits.

### Notes:

- Inadequate documentation, documentation that does not sufficiently transfer liability away from the insured, or the existence of certain exposures may preclude an offer of coverage.

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