Annual Events Application

About This Program

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

Required Documents

The following documents are required to apply for coverage:

- This application
- Additional Insured Supplement
- Vendor Schedule
- Workers Compensation Worksheet (if applicable)
- Event Specific Documentation (if applicable)
- Fraud Statement

Applicant Information

Named Insured:	
Entity Type:	☐Individual ☐LLC ☐LLP ☐Corporation ☐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

Any private armed security? (i.e. armed security that work exclusively for you under your employ)	☐ Yes	☐ No
Any event with bounce houses or inflatables? (If yes, certificates of insurance are required)	☐ Yes	☐ No
Do any events include any of the following? Stunts, Pyrotechnics, Aircrafts, Car Races, Precision Driving, Mechanical Amusement Devices, Film Production, Live Rap/Hip-Hop or Metal Music Performances, or other Hazardous Activities.	☐ Yes	☐ No

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	☐ Yes	☐ No
Any prior insurance coverage? If yes, provide details below	☐ Yes	☐ No

Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? If yes, provide details below.	☐ Yes	☐ No

Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

Additional Information

Total # of days for all shows	☐ Carnival ☐ Consumer Show ☐ Festival ☐ Trade Show ☐Other
Number of Shows to Attend in Coming Year	

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Schedule of Events

This supplement is used to schedule events onto the policy.

	Event 1	Event 2	Event 3	Event 4
Type of Event				
Name of Event				
Brief Description of Event				
Cost/Budget				
Average Daily Spectators				
Average Daily Participants				
Artist/Band				
Celebrities				
Venue Name Venue Address Venue City, State, Zip				
Venue Capacity				
Event Dates (include setup/teardown)	/ / - / /	/ / - / /	/ / - / /	/ / - / /
# of Vendors to cover A				
# of Additional Insureds to cover A				

Notes:

- A To cover vendors and additional insureds, complete the vendors and additional insureds supplemental applications.
- An event is NOT covered unless declared to the policy prior to the event taking place.
- Certain events may be ineligible for coverage.

For Additional Events, Duplicate this page

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Coverages

Dates of Coverage Effective: / / (12 month term)

Coverage		Limit	Deductible
General Liability (* Indicates required coverages)			
Occurrence / Aggregate Limit	*	1,000,000 / 2,000,000	n/a
Certificates of insurance / Blanket Additional Insureds	*	Included	n/a
Waiver of Subrogation		☐ Exclude ☐ # to Include _____	n/a
Liquor Liability (Host and No Host)		☐ Exclude ☐ 1,000,000	n/a
Inland Marine			
Rented Equipment (Equipment of Others)			
Third Party Property Damage			
Owned Equipment – Scheduled (Replacement Cost) Theatrical Property Musical Instruments PA/Sound Reinforcement Equipment			
Owned Equipment – Unscheduled (Actual Cash Value) Theatrical Property Musical Instruments PA/Sound Reinforcement Equipment			
Coverage Enhancements Accounts Receivable Business Personal Property Computers Extra Expense Newly Acquired Property Property Rented or Leased to Others Rental Reimbursement Valuable Records Research			
Automobile (* Indicates required coverages if Automobile is purchased)			
Hired & Non-Owned Auto Liability	*	☐ Exclude ☐ 1,000,000	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)		☐ Exclude ☐ 125k / 2m	10% ($1000 min/$7500 max)
Excess Liability			
Occurrence / Aggregate Limit			n/a
Workers Compensation (* Indicates required coverages if Workers Comp is purchased). Available in CA, NY, FL, TX, NJ			
Limit of 1,000,000	*	☐ Include ☐ Exclude	n/a
All States Endorsement		☐ Include ☐ Exclude	n/a
Waiver of Subrogation		☐ Include ☐ Exclude	n/a
Spectators & Participants Medial (* Indicates required coverages if Inland Marine is purchased)			
Coverage for Participants		☐ Include ☐ Exclude	
Coverage for Spectators		☐ Include ☐ Exclude	
Accidental Medical Benefit (Death/Dismemberment/Medical)		☐ 25k / 25k / 25k ☐ 25k / 25k / 50k ☐ 50k / 50k / 50k	250 (applicable to medical only)

Applicant Signature: Date:

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: Insurance Agency/Agent: License Number:

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

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Additional Insured Supplement

This supplement is used to name additional insureds under your policy for a specific event.

Code	Event Name	Additional Insured Name	Address, City, State, Zip

Code	Additional Insured Type
A1	Co-Promoter
A2	Bands
A3	Lighting, Staging Companies
A4	Sponsors
A5	Venues
A6	Cities/Government Agencies
A7	Other

Vendor Schedule

This supplement is used to cover vendors, exhibitors, concessionaires and attractions under your policy.

Code	Event Name	# Days at Event	Vendor Name	Address, City, State, Zip

Code	Vendor Type
V1	Exhibitor
V2	Attraction/Performer
V3	Concessionaires/vendors – food/beverage
V4	Concessionaires/vendors – other than food/beverage

Workers Compensation Details

Complete this section only if workers compensation coverage is desired.

Payroll Company

Name of Payroll Company, if any	

Payroll

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?	☐ Included ☐ Excluded

Schedule of Officers & Owners

First Name/Last Name	Social Security Number	Title

Notes:

- Workers Compensation coverage may not be available in all states.
- Certain event activities may preclude the event from being eligible for workers compensation coverage.

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.

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

☐ **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.

☐ **DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any 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:** Any person who knowingly and with intent to 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.

☐ **MAINE:** 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.

☐ **MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

☐ **MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to $5,000.00.

☐ **MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

☐ **NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

☐ **OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE 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:** 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.

☐ **OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

☐ **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.

☐ **RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
_____**YES** _____**NO**

☐ **UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

☐ **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 include imprisonment, fines, and denial of insurance benefits.

☐ **ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

_____ _____
SIGNATURE OF APPLICANT DATE