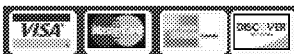


ENTERTAINMENT PRO INSURANCE

30 Years Experience

Motion Picture, Television, Theatrical, Music, Broadcasting and Special Events

[Login](#) | [Site Map](#) | [Contact](#)



[ABOUT US](#) | [INDUSTRY TYPES](#) | [COVERAGES](#) | [APPLICATIONS](#) | [FAQ](#) | [CONTACT](#)

[HOME](#) > [APPLICATIONS](#) > [ONLINE FORMS](#) > [SPECIAL EVENT](#)

Step One: Complete Form

Welcome to **Special Events EZ-Quote** from Entertainment Pro Insurance.

Step Two: Review and Submit

For fast service on your commercial accounts complete the form below and hit the "Step Two" button. Your submission will be electronically delivered to the next available Commercial Lines Underwriter.

Step Three: Finish

[Required fields are bordered in red]

CONTACT INFORMATION

Name of Your Company / Organization:

Entity Type (Indiv, Corp, LLC, etc.):

Physical Street Address (No P.O. Box):

City:

State, Zip Code:

Mailing Address (P.O. Box - okay):

Contact Person:

Phone:

Fax:

E-mail Address:

Website Address:

How much experience do you have at operating this type of event?

QUALIFICATIONS QUESTIONS

Any: Stunts, Pyrotechnics, Aircraft, Hazardous Activities, Car Races, Precision Driving, Mechanical Devices, Film Production, Rap/Hip-Hop, Rock/Metal, Rides, Water Activities: Yes No

The event will take place in the United States: Yes No

Any armed private security guards? Yes No

Any Prior event with any losses of any kind? Yes No

Any bounce houses or inflatables (If yes, certificates of insurance are required) Yes No

Will your event occur in a bar or nightclub? Yes No

(Concert): Is there assigned seating? Yes No

Will there be temporary structures installed/built for your event?: Yes No

EVENT DETAILS

COVERAGE DATES OF THE EVENT

EFFECTIVE:

EXPIRATION:

Time of Event: (If event is past midnight - add extra day - as insurance expires at 12:01am)

Load In / Load Out Dates:

Do you want these rates included in your quote?

Yes No Not Applicable

ATTENDANCE

Important for rating purposes -> Average Daily Spectators/Guests:

Important for rating purposes -> Average Daily Participants: (volunteers, ushers, ticket takers, athletes, performers, etc.)

Please describe participants and how many of each:

Type of Event:

Event Name:

Budget (Cost of Event):

Brief Description of Event:

Event Website:

Venue Name:

Physical Street Address (No P.O. Box)

City, State, Zip:

Location Information: Indoor Outdoor Both Indoor/Outdoor

PLEASE ATTACH A COPY OF THE VENUE CONTRACT OR SAMPLE VENUE CONTRACT ON STEP TWO OF THIS APPLICATION

Any Celebrities at Event? None

List Celebrities (if any) at Event:

MUSIC/BANDS/PERFORMERS/ENTERTAINMENT

Type of Performance/Entertainment (DJ, Solo Artist, Live Music, Comedian):

Name of Performer/Entertainment:

Type of Music:

Music Decade:

Artist/Band Name:

Do you require an additional insured certificate of insurance from the entertainers?

Yes No Not Applicable

If not, there may be an additional premium charge of \$135 (minimum) depending on the insurance market used.

ADDITIONAL INSUREDS

Do you hire any subcontractors for the insured event(s), (ie: caterers, bands/entertainment, lighting, sound, staging, decorations, security, etc.)?

Yes No

If Yes, Please describe:

Do you require all subcontractors to have their own insurance and provide you with a Certificate of Insurance (COI) naming you as an Additional Insured (AI)?

Yes No

How many security personnel will be present? (If none, enter: 0)

Please note that for higher risk events it may be required to have 1 security person per 100 attendees.

If private security company is used, we will require a Certificate of Insurance.

Do you hire security?

Yes No

Name of Security Company:

Number of Types (If none, enter: 0):

On Duty Police Officers:

Off-Duty Police Officers:

Private Armed Security:

Uniformed (unarmed) Security:

T-shirt Security:

Other:

Do you have metal detectors at all entrances and exits that attendees and performers must pass through?

Yes No Not Applicable

This will be required for higher risk events.

COVERAGE OPTIONS

GENERAL LIABILITY

Blanket Additional Insureds & Certificates, including City Certs: Automatically Included

Occurrence / Aggregate Limit:

- 1,000,000 / \$1,000,000
- 1,000,000 / \$2,000,000
- 2,000,000 / \$2,000,000
- 3,000,000 / \$3,000,000
- 4,000,000 / \$4,000,000
- 5,000,000 / \$5,000,000

Waiver of Subrogation (only if required by contract): Include Exclude

If "Include" is selected:

1. What is the name of the entity requesting the waiver of subrogation?
2. What is their involvement in the event?

ADDITIONAL COVERAGES

Rented Equipment Limit (\$5,000 minimum - \$2,000,000 maximum): \$

1. What type of property do you need coverage for?

2. Will the property be stored overnight?

Yes No

If Yes, please provide details on how it will be stored:

3. Will the insured be responsible for transporting the property?

Yes No

If "Yes", Please describe how it is being transported:

If "No": Who is transporting the property?

1. Who is transporting the property?

Insured: Yes No Not Applicable Rental House: Yes No Not Applicable Other:

2. Is the company transporting the property naming the Insured as Additional Insured on their insurance policy?

Yes No Not Applicable

4. Will the property stay in the possession of the Insured at all times prior to returning to rental company?
 Yes No

IF "NO", please explain:

Third Party Property Damage (Minimum premium \$100): 25k
(Important Coverage for the Venue) 50k
 100k
 250k
 500k
 1MM
 1.5MM
 2MM

Liquor Liability (\$1,000,000 Limit) Include Exclude

If included, Will alcohol be served by a Licensed bartender? Yes No

If No, Who will be serving the alcohol? (If none, enter: 0)

Describe the training and/or experience of persons serving alcohol:

Average age of attendees: (If none, enter: 0)

What measures are in place to prevent the service of alcohol to minors and/or intoxicated persons? (Wrist bands, stamped wrist, tickets with I.D. check, none, etc.)

Does the Applicant have a valid Liquor License? Yes No

If No, who has the liquor license? (Please identify by name and if a caterer, restaurant, sponsor, event planner, none, etc.)

Please describe what kind of alcohol will be served: Beer Wine Cocktails Other:

Will there be an open bar? Yes No Not Applicable

Will alcohol be sold by the drink? Yes No Not Applicable

Is BYOB (bring your own bottle) allowed? Yes No Not Applicable

Estimated alcohol gross receipts? (If none, enter: 0)

Hired & Non-Owned Auto Liability (\$1,000,000) (Minimum premium \$500) Include Exclude

Check here if you are required by contract to acquire Hired/Non-Owned Auto and you NOT being loaned, rented or leased any vehicles. If checked, please provide a copy of the contract.

If not, please complete the questions below:

1. Amount being charged to rent or lease the vehicle(s)?

2. Are all drivers at least 25 years of age?
 Yes No Not Applicable

3. Do all drivers have a valid United States drivers license?
 Yes No Not Applicable

4. Do any of the hired vehicles seat more than 12 people?
 Yes No Not Applicable

What will the vehicles be used for?

Event Cancellation, Participants Medical, Spectators Medical

Event Cancellation (Minimum premium \$250): Include Exclude

Participants Medical (Minimum premium \$200): Include Exclude

Spectators Medical (Minimum premium \$200): Include Exclude

VENDORS COVERAGE

(Only if you want your coverage extended to the vendors)

Number of Exhibitors (no sales): _____

Concessionaires (non-food sales): _____

Concessionaires (food sales): _____

Performers and Attractions: _____

Do you require all Vendors/Exhibitors to have their own liability insurance and provide you with a certificate of insurance naming you as an additional insured? Yes No Not Applicable

WORKERS COMPENSATION Include Exclude

Waiver of Subrogation (only if required by contract) Include Exclude

If needed, please include contract with application

If "Include" is Selected:

1. What is the name of the entity requesting the waiver of subrogation?

2. What is their involvement in the event?

Payroll Company Name (if any): _____

| Payroll Classification | # Full-Time | # Part-Time | (W-2, 1099, Deferred, Other (Please identify)) |
|------------------------|-------------|-------------|--|
| Performers | _____ | _____ | _____ |
| Crew/Volunteers | _____ | _____ | _____ |
| Others (Describe) | _____ | _____ | _____ |

Listing of All Officers (to exclude from workers comp):

| First Name | Last Name | Title/Position |
|------------|-----------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ADDITIONAL COMMENTS:

FOR AGENT USE ONLY

Insurance Agency Name: _____

Office Street Address: _____

City: _____

| | |
|-----------------------------|----------------------|
| State, Zip Code: | <input type="text"/> |
| Agent Contact Person: | <input type="text"/> |
| Agent Contact Person Email: | <input type="text"/> |
| Agent Contact Phone Number: | <input type="text"/> |
| Agent Fax Number: | <input type="text"/> |

FRAUD STATEMENT

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.

Step Two (You will get a summary page to review before submitting)