



## Special Event Supplemental General Liability Application

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

1. **Description of event** (attach any flyers, brochures, etc.): \_\_\_\_\_

Maximum daily attendance: \_\_\_\_\_ Total attendance: \_\_\_\_\_ Sales: \$ \_\_\_\_\_

Length of event: \_\_\_\_\_ Estimated age group of audience: From \_\_\_\_\_ to \_\_\_\_\_

No. of Participants: \_\_\_\_\_ Do participants sign waiver of liability agreements? ..... ☐ Yes ☐ No

2. **Applicant's experience** in conducting events of this or similar nature: \_\_\_\_\_

Is applicant an event coordinator? ..... ☐ Yes ☐ No

3. **Rides:**

Will rides be provided? ..... ☐ Yes ☐ No

If yes, type of rides: \_\_\_\_\_

Will ride operators hold applicant harmless? ..... ☐ Yes ☐ No

Does applicant have certificates of insurance from the ride vendors? ..... ☐ Yes ☐ No

Rides inspected? ..... ☐ Yes ☐ No

Do rides have signs clearly marking age, height, and size limitations? ..... ☐ Yes ☐ No

Will applicant be in compliance with state laws regulating amusement ride inspections? ..... ☐ Yes ☐ No

4. **Entertainment:**

Will live entertainment be provided? ..... ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

If a concert, type of music: ☐ classical ☐ jazz ☐ rap ☐ blue grass ☐ country/western

☐ gospel ☐ R&B ☐ alternative ☐ hard rock ☐ heavy metal

☐ hip-hop ☐ gothic ☐ other (describe): \_\_\_\_\_

Any special effects for the concert? ..... ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

If fireworks are planned, is pyrotechnician licensed? ..... ☐ Yes ☐ No

Distance between fireworks staging area and audience? \_\_\_\_\_

Spectators allowed in fireworks staging area? ..... ☐ Yes ☐ No

Will firemen be present? ..... ☐ Yes ☐ No

5. **Bicycle/Running Event:**

Is the route surface free of hazards and clearly marked? ..... ☐ Yes ☐ No

Will all pedestrians and vehicular traffic be rerouted? ..... ☐ Yes ☐ No

6. **Under 21 Dance, Grad Night or Prom:**

Are students allowed to leave and return? ..... ☐ Yes ☐ No

7. **Haunted House:**

Describe building and construction: \_\_\_\_\_

Age: \_\_\_\_\_ Condition: \_\_\_\_\_

Are there separate entrances and exits? ..... ☐ Yes ☐ No

Has the house been inspected by a Fire Marshall? ..... ☐ Yes ☐ No

Does the house meet all local, city and state codes? ..... ☐ Yes ☐ No

Describe any temporary structures: \_\_\_\_\_

Are the following present? ..... ☐ Yes ☐ No

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Unlit stairs          | <input type="checkbox"/> Moveable Floors   | <input type="checkbox"/> Sinking Floors         |
| <input type="checkbox"/> Slides                | <input type="checkbox"/> Suspended Bridges | <input type="checkbox"/> Electric Shock Devices |
| <input type="checkbox"/> Fire or Flash Powders |  |   |

Describe special effects: \_\_\_\_\_

Does applicant have lead and follow-up guides? ..... ☐ Yes ☐ No

Ratio of attendants to the public: \_\_\_\_\_ Number of persons per group: \_\_\_\_\_

Age of clients: \_\_\_\_\_ Are children supervised? ..... ☐ Yes ☐ No

Does applicant have a door monitor? ..... ☐ Yes ☐ No

Does applicant have the public participate in stunts? ..... ☐ Yes ☐ No

Does anyone touch the public? ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Does applicant have a gift shop or concession stand? ..... ☐ Yes ☐ No

If yes, receipts: \_\_\_\_\_

8. **Parade:**

Will souvenirs or other items be thrown into the crowd? ..... ☐ Yes ☐ No

If yes, what is thrown: \_\_\_\_\_

Animals in the parade are: \_\_\_\_\_

Are all of the animals insured against third-party liability claims by the owner? ..... ☐ Yes ☐ No

If yes, what are the minimum liability limits required of the owners: \_\_\_\_\_

Length of parade route: \_\_\_\_\_ Number of floats: \_\_\_\_\_ Number of Equestrians: \_\_\_\_\_

Number of bands: \_\_\_\_\_ Number of motorized vehicles and/or floats: \_\_\_\_\_

9. **Rodeo:**

Name(s) of rodeo promoter/company/stock contractor: \_\_\_\_\_

Does the rodeo board the stock in the applicant's facility overnight?..... ☐ Yes ☐ No  
Does the rodeo company maintain responsibility for security of stalls/pens used to board the stock?..... ☐ Yes ☐ No  
Are the transfer areas between the animal pens and the competition restricted from the general public? ☐ Yes ☐ No  
Rodeo arena specifics: ☐ Indoors ☐ Outdoors ☐ Permanent ☐ Temporary

**10. Political Rally:**

Please describe: \_\_\_\_\_  
\_\_\_\_\_

**11. Security** (indicate type and number of each):

☐ Independent security co.: \_\_\_\_\_ ☐ Off-duty police: \_\_\_\_\_  
☐ Employed security: \_\_\_\_\_ ☐ Chaperons: \_\_\_\_\_

Is there a written emergency plan in the event of an accident?..... ☐ Yes ☐ No  
Does independent security company provide a certificate of insurance?..... ☐ Yes ☐ No  
Do they hold the applicant harmless?..... ☐ Yes ☐ No

**12. Stadiums:**

Are bleachers or platforms to be used? ..... ☐ Yes ☐ No  
If yes, type: ☐ portable ☐ permanent  
Back and side railings provided?..... ☐ Yes ☐ No  
Construction: ☐ Wood ☐ Steel ☐ Concrete  
Height in feet: \_\_\_\_\_ Age of bleachers or platform: \_\_\_\_\_  
Are patrons protected from, and warned against, potential flying objects? ..... ☐ Yes ☐ No  
Are patrons allowed on the field, track or pit area? ..... ☐ Yes ☐ No  
Is public address system clearly audible in all parts of the facility?..... ☐ Yes ☐ No  
Is there a backup electrical supply for lighting and the public address system?..... ☐ Yes ☐ No  
Are premises entrances/exits well lit?..... ☐ Yes ☐ No

**13. Traffic Control:**

Who is responsible for crowd and traffic control? \_\_\_\_\_  
Are parking areas smooth with clearly marked parking areas and exit roads?..... ☐ Yes ☐ No  
Is parade route able to handle size and height of floats and are cross streets barricaded?..... ☐ Yes ☐ No

**14. Liquor:**

Is liquor to be served by applicant? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
Does applicant want Host Liquor? ..... ☐ Yes ☐ No  
Is liquor to be served by others? ..... ☐ Yes ☐ No  
If yes, do they have Liquor Liability coverage? ..... ☐ Yes ☐ No

**15. First Aid:**

Will first aid facilities be provided at the event?..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_  
If yes, who will be in charge of the facilities? ☐ Doctors ☐ Nurses ☐ Others: \_\_\_\_\_

16. If applicant is the sponsor, does the operator have liability insurance? ..... ☐ Yes ☐ No  
If yes, name of insurance carrier: \_\_\_\_\_ and policy limits of liability: \$ \_\_\_\_\_

17. **Hold-harmless Agreements:**

Is applicant held harmless by others? ..... ☐ Yes ☐ No

Does applicant agree to hold any third party harmless?..... ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

Is applicant naming anyone as additional insured?..... ☐ Yes ☐ No

If yes, who and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

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.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT: \_\_\_\_\_