

SpecialEvents@Take1insurance.com

SPECIAL EVENTS APPLICATION

1.	Name of Applicant	Federal Employer I.D. No.				
2.	Address Street City			710.0		
	Street City	County	State	ZIP Code		
3.	Event Dates: From To					
	Dates Coverage Requested: From To					
4.	Event Name					
5.	Event Location					
6.	Facility Name					
7.	Description of Event					
8.	Is the event:					
	If the event is outdoors, is the area fenced or otherwise enclosed?					
9.	Are you responsible for parking?					
	Is lot attended? Yes No					
10.	Seating capacity Estimated attendance Per	eating capacity Estimated attendance Per Day Total				
11.	Number of tickets: Printed Sold to date					
12.	Price of Admission \$ Estimate	ed Gross Receipts \$ _				
	Estimated Payroll \$					
13.	Limits of Liability requested: Occurrence	Aggregate				

	Name	Address	Relationship			
15 -	Tune of Secting					
15.	Гуре of Seating a. Seat construction: ☐ Temporary ☐ Permanent					
		Reserved General Admission				
	c. Type of seating provided:	Bleacher ☐ Stadium ☐ Grandstand ☐ Theatre Other	☐ Folding Chairs			
16.	If the event is outdoors, does the event end ninety minutes prior to sundown?					
17.	If a stage is involved, is it:					
	If temporary, who is responsible for s	set up of same?				
	☐ Other (name)					
	If other than Applicant, is a Certificate of Insurance provided?					
	Is Applicant named as an Additional	Insured thereon?				
18.	If a tent is involved, who is responsible for set up?					
	☐ Other (name)					
	If other than Applicant, is a Certificate of Insurance provided?					
	Is Applicant named as an Additional Insured thereon?					
19.						
13.						
	Who is responsible for hook-up of same? Applicant					
	Other (name)					
	If other than Applicant, is a Certificate of Insurance provided? Yes No					
	Is Applicant named as an Additional Insured thereon?					
20.	Are vendors/trade booths required to provide a Certificate of Insurance?					
	Limit \$	Carrier				
	Is Applicant named as an Additional					
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21	Describe how Event is being advertis	sed.				

22.	Provider of food and/or drink: Applicant Other (name)		
	If other than Applicant, is a Certificate of Insurance provided?		
	Is Applicant named as an Additional Insured thereon?		
23.	If there is a Liquor exposure, is there a Liquor Legal Liability Policy in force?		
	Limit \$ Carrier		
	Is a Certificate of Insurance provided?		
	Is Applicant named as an Additional Insured thereon?		
24.	Is Applicant providing any overnight camping facilities or other accommodations?		
	If yes, describe.		
25.	Party responsible for providing security (name)		
	If Applicant, is security provided by:		
	If outside security firm, are they providing Certificate of Insurance? ☐ Yes ☐ No		
	Limit \$ Is Applicant named as Additional Insured thereon?		
	Security provided by Applicant or Other is: Armed Unarmed		
26.	Does the Event involve a parade?		
	Number of units in parade (a marching band, a float, a car carrying personalities, etc. is each considered one unit)		
	Number of floats Is anything thrown from any of the floats?		
	If yes, describe.		
	Length of parade in blocks Length of time		
	Estimated number of spectators at parade		
27.	Has the Event been held by the Applicant in the past? Yes No Number of years		
	Provide details of all losses, claims or incidents, insured or uninsured, in all Events in the past 5 years:		

28.	Attach five-year insurance company loss history. Describe any losses over \$5,000 in detail.				
29.	Present insurance has	been:			
	☐ Cancelled ☐ Ins	surance Carrier refused to renew None of these			
	Explain:				
<u>VE</u>	RY IMPORTANT: the	ese may not be needed to quote initially however they may be to further underwrite			
1. A	Attach copies of all Lease	e and Hold Harmless Agreements.			
2. A	Attach a copy of brochure	e of this Event.			
3. In	nclude a diagram of loca	tion(s) to be used.			
4. A	Allow enough time to fina	lize total program, including full premium payment ten (10) days prior to your Event.			
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	THIS AP	PLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING			
		epresents that the above answers and statements are in all respects true and material to the issuance of that Applicant has not omitted, suppressed or misstated any facts.			
		this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective binder or Policy of Insurance is issued by the Company in response hereto.			
(c) A	All exclusions in the Poli	cy apply regardless of any answers or statements in this Application.			
	Applicant understands th	nat the Deductible under any Policy to be issued in response hereto shall include both loss payment and d in the Policy.			
		tions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact sing this Insurance or the subject thereof, the entire Policy shall be void.			
Date	e	Applicant			
		Federal Employer I.D. No.			
		Ву			
		Title			
Age	ent/Broker				
	dress				
Con	ontact Phone Number				