



SPECIAL EVENTS LIABILITY APPLICATION

- 1. Name (Applicant):
2. Address:
3. Name of Event:
4. Dates of Event:
5. Location of Event:
6. Description of Event:
7. Is the Event Indoors or Outdoors?
8. Seating Capacity:
9. Number of Tickets Printed:
10. Price of Admission:
11. General Limits of Liability:
12. Will insured be responsible for any food or refreshment sold on premises?
13. Will there be any exhibitions, demonstrations, parades or pageants?
14. Are any Additional Insured's required?
15. Describe type of Seating Provided:

777 THIRD AVENUE 26TH FLOOR
NEW YORK, NY 10017
T 212-702-3300 F 212-702-3333
WWW.VENTURAINSURANCE.COM





16. If the Event is Outdoors, and Seating is involved (any type), does the Event end ninety minutes prior to sundown?  Yes  No

If no, is there permanent lighting over all spectator areas and all Parking Lots? \_\_\_\_\_

17. If a stage is involved, is it Permanent or Temporary stage? \_\_\_\_\_

If temporary, who is responsible for set up of stage, Applicant or other (name)? \_\_\_\_\_

\_\_\_\_\_

If other than applicant, are certificate of Insurance provided?  Yes  No Limit: \_\_\_\_\_  
Insurer: \_\_\_\_\_ Is Applicant named as an Additional Insured thereon?  Yes  No

18. If Pyrotechnics is involved, who is responsible for set up of same, applicant or other? \_\_\_\_\_

\_\_\_\_\_

If other than applicant, is certificate of Insurance provided?  Yes  No Limit: \_\_\_\_\_  
Insurer: \_\_\_\_\_ Is Applicant named as an Additional Insured thereon?  Yes  No

19. If a tent is involved, who is responsible for set up of same, applicant or other? \_\_\_\_\_

\_\_\_\_\_

If other than applicant, is certificate of Insurance provided?  Yes  No Limit: \_\_\_\_\_  
Insurer: \_\_\_\_\_ Is Applicant named as an Additional Insured thereon?  Yes  No

20. Are Ushers Used?  Yes  No Who is providing same? Applicant or other: \_\_\_\_\_

\_\_\_\_\_

21. Number of Vendors/Trade Booths: \_\_\_\_\_ Kinds of Goods Sold or Displayed: \_\_\_\_\_

\_\_\_\_\_

22. Are all Goods finished products, or are there any on-site demonstrations of skills (i.e. any blacksmithing, candle making, cooking, etc. being done at the Event?) Describe: \_\_\_\_\_

\_\_\_\_\_

23. Are Vendor/Trade booths required to provide a Certificate of Insurance?  Yes  No  
Limit: \_\_\_\_\_ Insurer: \_\_\_\_\_  
Is applicant named as Additional Insured thereon?  Yes  No

24. How is this Event being advertised? \_\_\_\_\_

25. Who is providing EMT, Applicant or other? \_\_\_\_\_

If other than Applicant, is a Certificate of Insurance provided?  Yes  No

26. If there is Liquor exposure, is there a Liquor Liability Policy in force to cover same?  Yes  No  
Limit: \_\_\_\_\_ Insurer: \_\_\_\_\_

Is a Certificate of Insurance Provided?  Yes  No Is Applicant named as Additional Insured thereon?  Yes  No





27. Are there Cooking Facilities on the Premises? [ ] Yes [ ] No  
If yes, what type of Fire Protection is Present? \_\_\_\_\_

28. Is Applicant providing any Overnight Camping Facilities or other accommodations? [ ] Yes [ ] No  
If yes, Describe: \_\_\_\_\_

29. Who is responsible for providing Security (name)? \_\_\_\_\_

If Applicant, is Security provided by employees or an outside Security firm? \_\_\_\_\_

If Outside Security Firm, are they providing Certificate of Insurance? \_\_\_\_\_

Limit: \_\_\_\_\_ Is Applicant named as Additional Insured thereon? [ ] Yes [ ] No

Is Security provided (by Applicant or other) armed or unarmed? \_\_\_\_\_

What is the experience of the Security Firm? \_\_\_\_\_

30. If the event is being held on a street or other public vehicular access, what protection will be set up between the street & sidewalks?  
\_\_\_\_\_

31. Does the Event involve a Parade? [ ] Yes [ ] No Number of Units in Parade: \_\_\_\_\_  
(Marching Band, Float, Car carrying Personalities, etc. are each considered as one unit) Number of Floats: \_\_\_\_\_  
Is anything being thrown from the floats? [ ] Yes [ ] No If yes, Describe: \_\_\_\_\_

Length of Parade in Blocks: \_\_\_\_\_ Length in Time: \_\_\_\_\_

Estimated Number of Spectators in Parade: \_\_\_\_\_

32. Is Applicant signing any Hold Harmless Agreements? [ ] Yes [ ] No Please attach copies.

33. Is Applicant being Held Harmless by Others? [ ] Yes [ ] No If yes, by whom and describe extent of same:  
Attach copy of agreement if available

34. Has this Event been held by 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:  
\_\_\_\_\_  
\_\_\_\_\_





**Premium and Loss Record for the last 5 years**

Year	Name of Carrier	Premium	Losses	Total Losses Paid &/or Reserved
This Year				
One year ago				
Two years ago				
Three years ago				
Four years ago				

35. Describe any losses in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

36. Check if your present Insurance has been:  Cancelled  Declined Insurance: \_\_\_\_\_  
 Carrier refused to renew  None of these  
 Explain: \_\_\_\_\_

**VERY IMPORTANT**

- PLEASE ATTACH COPIES OF ALL LEASE AND HOLD HARMLESS AGREEMENTS.
- PLEASE ATTACH A COPY OF BROCHURE OF THIS EVENT
- INCLUDE A DIAGRAM OF LOCATION(S) TO BE USED.
- ALLOW ENOUGH TIME TO FINALIZE TOTAL PROGRAM INCLUDING FULL PREMIUM PAYMENT PRIOR TO YOUR EVENT.

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- Applicant warrants and represents that the above answers and statements are all in respects true and material to the issuance of an insurance policy and that Applicant has not omitted, suppressed or misstated any facts.*
- The signing and filing of the Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance issued by the Company in response hereto.*
- All exclusions in the Policy apply regardless of any answers or statements in this Application.*
- Applicant understands that the Deductible under any policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy*
- If any of the above questions have been answered fraudulently, or in any such way as to conceal or misrepresent any material fact or circumstance concerning this insurance or subject thereof, the entire Policy shall be void.*

Date Signed: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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