



Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact person and phone number: _____

Desired Coverage Dates From _____ to _____

Limits of Liability Requested:

Gen Aggregate _____	Occurrence _____
Prod/Comp/Ops _____	PI/AD _____
Fire Legal _____	Med Pay _____

Name of Event: _____

Location of Event: _____

Name of Facility: _____

Does the Facility carry Liability Insurance? Yes No Limits? _____

Is the event indoors or outdoors? _____

Detailed Description of Event: _____

Estimated attendance per day: _____ Price of admission: _____

Estimated gross receipts: _____ Average age of attendees: _____

Will alcohol be served at the event? Yes No Liquor liability policy in force? Yes No

Will amusement devices be used? Yes No Are fireworks to be used? Yes No

Will the event use, vendors, performers, contractors, subcontractors, or independent contracts?

Yes No If yes, please explain: _____

Security: Describe who will be providing security for the event: _____

Medical Emergencies- describe how an emergency will be handled: _____

Prior Carrier History (last 3 years): _____