

INSURED _____
EFFECTIVE DATE _____

PRODUCER CODE _____
STATE CODE _____

SPECIAL EVENTS APPLICATION

1. NAME OF APPLICANT				APPLICANT IS <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (Specify)			
				<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> JOINT VENTURE	
STREET ADDRESS		CITY		STATE		ZIP CODE	

2. ADDRESS OF EVENT			
DESCRIBE LOCATION OF EVENT			

3. DATE OF EVENT		FROM	TO	COVERAGE DATES REQUIRED (IF OTHER THAN EVENT DATES)
TIME OF EVENT		FROM	TO	

4. ESTIMATED ATTENDANCE PER DAY:	TOTAL ESTIMATED PARTICIPANTS:	GROSS RECEIPTS:	MAXIMUM CAPACITY OF LOCATION OF EVENT:
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5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING, BROCHURE, ETC., IF ANY)			

6. EVENT WILL BE HELD: <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS	8. CROWD CONTROL TYPE: NUMBER: <input type="checkbox"/> USHERS _____ <input type="checkbox"/> PRIVATE SECURITY ARMED <input type="checkbox"/> UNARMED <input type="checkbox"/> _____ <input type="checkbox"/> OFF-DUTY POLICE ARMED <input type="checkbox"/> UNARMED <input type="checkbox"/> _____ <input type="checkbox"/> POLICE _____ <input type="checkbox"/> GUARD DOGS _____ <input type="checkbox"/> OTHER (DESCRIBE) _____ _____
7. SEATING WILL BE: <input type="checkbox"/> RESERVED SEATING <input type="checkbox"/> GENERAL ADMISSION	

9. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.)	

10. ANY CELEBRITIES TO BE PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE NAME(S)
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SPECIAL NOTE:

THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT
Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

