

# CENTURY SURETY COMPANY

## APPLICATION FOR SPECIAL EVENTS COVERAGE

1. Name of Applicant: \_\_\_\_\_
2. Applicant is:      Individual      Partnership                      Corporation      For Profit  
 Non-Profit
3. Mailing Address: \_\_\_\_\_
4. Name of Event: \_\_\_\_\_
5. Location of Event: \_\_\_\_\_
6. Interest of Named Insured in Premises: \_\_\_\_\_
7. Does Event involve any of the following:

<input type="checkbox"/> Amusement Rides	<input type="checkbox"/> Fireworks(Sale or Demonstration)	<input type="checkbox"/> Musical Concert:
<input type="checkbox"/> Animal Rides	<input type="checkbox"/> Aircraft of any type	<input type="checkbox"/> Country/Western
<input type="checkbox"/> Athletic Contests/Exhibitions	<input type="checkbox"/> Hot Air Balloon Rides	<input type="checkbox"/> Rap/Reggae
<input type="checkbox"/> Auto/Motorcycle Races	<input type="checkbox"/> Liquor/Beer/Wine served	<input type="checkbox"/> Rock
<input type="checkbox"/> Boat Races	<input type="checkbox"/> Parade	<input type="checkbox"/> Classical
<input type="checkbox"/> Dancing	<input type="checkbox"/> Rodeo	<input type="checkbox"/> Other

***Explain any of the above in detail in item 8***
8. Provide complete description of Event:  
Setup time and date \_\_\_\_\_ Take down time and day \_\_\_\_\_  
Starting time and day \_\_\_\_\_ Ending time and day \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are exhibitors (if any) required to provide Certificates of Liability Insurance?      Yes      No  
If yes, Limits? \_\_\_\_\_ Is applicant to be named as additional Insured?      Yes      No
10. List Names of Performers scheduled: \_\_\_\_\_  
\_\_\_\_\_
11. Estimated Attendance:                     Total \_\_\_\_\_                     Each Day \_\_\_\_\_
12. Estimated Gross Receipts: \_\_\_\_\_
13. Will Grandstands or Bleachers be used?      Yes      No Portable?  Yes      No     Seating Capacity \_\_\_\_\_  
Type and Construction: \_\_\_\_\_
14. What Type of security provided?                     Insured's Employees \_\_\_\_\_  
Independent Contractor \_\_\_\_\_ Name \_\_\_\_\_  
Other \_\_\_\_\_ Name \_\_\_\_\_  
Is security firm to provide Certificates of Liability Insurance  Yes      No     If yes, what Limits? \_\_\_\_\_  
Is applicant to be named as additional Insured?      Yes      No
15. Are any other independent contractors to be used?      Yes      No     If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Are they required to provide Certificates of Liability Insurance?      Yes      No

If yes, what limits? \_\_\_\_\_ Is applicant to be named as additional insured?  Yes  No

16. Previous Insurer(s) \_\_\_\_\_ Policy Number(s) \_\_\_\_\_

Were there any losses?  Yes  No *(If yes, please describe in detail)*

\_\_\_\_\_

17. Has the prospective insured held an event of this type previously?  Yes  No

If yes, how many years? \_\_\_\_\_ Dates held last year \_\_\_\_\_ to \_\_\_\_\_

18. **Attach a copy of any promotional literature, advertising or event information sheet which details activities.**

### COVERAGE INFORMATION

19. Dates Coverage Required: From: \_\_\_\_\_ To: \_\_\_\_\_

20. Limits Required-New Liability Form: Each Occurrence \_\_\_\_\_ General Aggregate: \_\_\_\_\_

**Medical Payments Coverage is excluded**

21. Coverage Required:

Premises/Operations  Personal/Advertising Injury

Owners/Contractors Protective  Personal Injury

Products/Completed Operations  Contractual

Employees As Additional Insureds

**(Include a copy of premises lease/rental agreement with application)**

22. Additional Insured: Name and Address \_\_\_\_\_ Interest \_\_\_\_\_

\_\_\_\_\_

23. If coverage is provided, it will contain special exclusions (above and beyond normal policy exclusions) including, but not necessarily limited, to the following:

A. Riot and Civil Commotion

B. Assault and Battery

C. Injury to persons in unauthorized areas

D. Unscheduled Events

E. Fireworks demonstrations or displays

F. Injury to Participants or damage to their property

G. Operation of any aircraft or passenger carrying balloons

H. Operation of autos, motorized vehicles, animal rides, trampolines or mechanically operated amusement rides unless authorized by specific endorsement.

The applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

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

Date: \_\_\_\_\_ Producer Signature: \_\_\_\_\_

