



Brigitt Whitescarver
Special Events and Entertainment Risks
Take1 Insurance, a Division of Innovation Growth Partners Specialty, LLC
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SpecialEvents@Take1insurance.com

SPECIAL EVENTS APPLICATION

1. Name of Applicant _____ Federal Employer I.D. No. _____
2. Address _____
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: Indoors Outdoors
If the event is outdoors, is the area fenced or otherwise enclosed? Yes No
9. Are you responsible for parking? Yes No
Is lot attended? Yes No
10. Seating capacity _____ Estimated attendance Per Day _____ Total _____
11. Number of tickets: Printed _____ Sold to date _____
12. Price of Admission \$ _____ Estimated Gross Receipts \$ _____
Estimated Payroll \$ _____
13. Limits of Liability requested: Occurrence _____ Aggregate _____

22. Provider of food and/or drink: Applicant Other (name) _____
 If other than Applicant, is a Certificate of Insurance provided? Yes No
 Is Applicant named as an Additional Insured thereon? Yes No
23. If there is a Liquor exposure, is there a Liquor Legal Liability Policy in force? Yes No
 Limit \$ _____ Carrier _____
 Is a Certificate of Insurance provided? Yes No
 Is Applicant named as an Additional Insured thereon? Yes No
24. Is Applicant providing any overnight camping facilities or other accommodations? Yes No
 If yes, describe. _____
25. Party responsible for providing security (name) _____
 If Applicant, is security provided by: Employees Outside security firm
 If outside security firm, are they providing Certificate of Insurance? Yes No
 Limit \$ _____ Is Applicant named as Additional Insured thereon? Yes No
 Security provided by Applicant or Other is: Armed Unarmed
26. Does the Event involve a parade? Yes No
 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? Yes No
 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 Insurance Carrier refused to renew None of these

Explain: _____

VERY IMPORTANT: these may not be needed to quote initially however they may be to further underwrite

1. Attach copies of all Lease and Hold Harmless Agreements.
2. Attach a copy of brochure of this Event.
3. Include a diagram of location(s) to be used.
4. Allow enough time to finalize total program, including full premium payment ten (10) days prior to your Event.

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this 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 is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) 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.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Date _____ Applicant _____
 Federal Employer I.D. No. _____
 By _____
 Title _____

Agent/Broker _____
 Address _____
 Contact _____ Phone Number _____