If event requires underwriter approval please allow 10 days prior to event date. If insufficient time is not allowed possible decline on coverage could occur. Please return to the location you received this application from

|  |
| --- |
| **EVENT HOLDER INFORMATION** |
| Name:       |
| Address:       |
|       |
| Phone Number:       | Fax Number:       |
| Email Address:       |
| **TENANT/USER EVENT INFORMATION** |
| Name/Type of Event (15TH Birthday Party, Anniversary Party, Meeting, Dance, Job Fair, etc.) |
|       |
| Description of Event:       |
| Date(s):        | Hour(s):       |
| Location:       |
| Attendance **(Per Day**):      Ages of Attendees:      Participants **(Per Day**):       | Total Attendance for Event:      Will waivers be signed? Yes NoAges of Participants :       |
|  |  |
| Are Fireworks Included?       | Carnival Rides?       |
| Bands?       | How Many?       |
| Names\*:       |
| Type of Music?       |
| *\*if more than one please attach a separate page* |

|  |
| --- |
| **TENANT/USER EVENT - ADDITIONAL INFORMATION** |
| Additional Insureds:       |
| Number of Exhibitors Requiring Coverage (No Sales)\*:       |
| Number of Concessionaires Requiring Coverage (Non Food Sales)\*:       |
| Number of Concessionaires Requiring Coverage (Food Sales)\*:       |
| *\*Please provide separate list of concessionaires / exhibitors to be covered* |
| Liquor Liability Needed?      Are the securities in place to avoid overindulge and underage drinking? Yes No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are identifications checked and wristbands issued? Yes No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is the liquor confirmed to a set area? Yes No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

|  |
| --- |
| **INSTRUCTOR CLASS INFORMATION** |
| Description of Instructional Class:       |
|       |
| Date(s):       | Hour(s):       |
| Location:       |
| Attendance **(Per Class Per Day**):      Are these in weekly sessions? Yes  | Same attendance per day:      No |
| Ages of Attendees:       |  |

|  |
| --- |
| **OPTIONAL COVERAGES** |
| **Limit Increase**       $1,000,000/$3,000,000 Total Event premium will be increased by 11%       $2,000,000/$2,000,000 Total Event premium will be increased by 19%**Property Damage :**      $50,000 Limit Premium $50.00      $100,000 Limit Premium $100.00      $300,000 Limit Premium $250.00 |

|  |
| --- |
| **PAYMENT OPTIONS** |
| \_[ ] \_\_ Credit Card (see separate form) | \_[ ] \_ Cash / Check (Payable to Public Entity) |

|  |
| --- |
| **COMPANY USE ONLY:** |
| Hazard Group:       | Attendance Premium:       |
| Exhibitors Premium:       | Concessionaires Premium:       |
| Liquor Liability Premium:       | Additional Insureds Premium:       |
| Property Damage Premium:       | Increase Limits Premium:       |
|  | TOTAL PREMIUM:       |