

Special Events Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Event Location Address: _____

Event Website: _____

GENERAL INFORMATION

1. What type of event is this?

Concert/Musical Performance	Sporting Event/Competition	Picnic, Meal or Social
Parade	Convention/Trade Show	Festival
Political Event	Other: _____	

2. The event location is:

Arena	Convention Center	Fairgrounds
Public Park	Private Residence	Stadium
Other: _____		

3. Is the event indoors? Yes No
4. What is the maximum capacity of the event location? N/A _____
5. Is the event a charity fundraiser? Yes No
6. Provide a description of the event. Attach a copy of marketing materials, such as brochures or flyers.

7. What is the applicant's interest in this event?
8. What other individuals or groups are taking part in or sponsoring this event?

9. Dates of Event _____ To _____ Hours of Event _____ To _____
10. Total Estimated Attendance for Event _____ Estimated Daily Attendance _____
11. Is this event part of a larger event? If yes, provide details. Yes No

12. What is the admission fee? _____
13. Is the event invitation only? Yes No
14. What is the average attendee age? _____
15. How many years has this event been held? _____
16. Do you require all vendors, entertainers and contractors to provide you with Certificates of Insurance? Yes No
 - a. What limits of liability do you require? Each Occ Agg _____
17. What are the expected gross sales from restaurant/food concession sales? _____
18. Does the event have employed or contracted armed security or crowd control? Yes No
19. Do any of the following exposures exist? (check all that apply)

Bicycle race	Marathon or Triathlon	Mud Runs/Obstacle Races
Pub Crawl or Poker Run	Mud rallies/bogs	Demolition derbies
Trampolines	Water rides or slides	Motorcycle rallies
Animal rides	Bungee jumping	Explosions
20. How many vendors will be at the event? _____
Describe products sold: _____

ENTERTAINMENT INFORMATION

N/A

- | | | |
|------------------------------------------------------------------------------|-------------------|-------------------|
| 1. Will there be live music at the event? | Yes | No |
| a. Is the performer a punk rock, heavy metal, rap or hip-hop band or artist? | Yes | No |
| b. Describe the type of music: | | |
| Pop/Top 40s | Classical | Classic/Soft Rock |
| Alternative | Country/Bluegrass | Jazz/Blues |
| Folk | Other: | |
2. Describe any other entertainment:
3. Provide the name(s) of the performer(s):
- | | | |
|--------------------------------------|-----|----|
| 4. Are there any stage pyrotechnics? | Yes | No |
|--------------------------------------|-----|----|
5. Describe any electrical or stage construction work performed for the event:
6. What type of seating is provided? Bleachers Grandstand Stadium
 Open Lawn Other:
- | | | |
|--------------------------------------------------------------------|-----|----|
| a. Are bleachers, grandstands or similar seating stands temporary? | Yes | No |
| b. Is seating assigned? | Yes | No |
7. If applicable, provide number of participants for each age group: N/A
 18 years old and under: _____ Over 18 years old: _____
8. If this is a sporting event, what are the number of games or races? N/A _____
9. Detail the distance and protection between spectators and participants for tractor pulls or other motorized events. Attach a diagram. N/A
- | | | |
|--------------------------------------------------------------------------------|-----|----|
| 10. Does the event have any mechanical amusement/carnival rides or attraction? | Yes | No |
| a. Are all such devices provided and operated by a contractor? | Yes | No |

LIQUOR EXPOSURE INFORMATION

N/A

- | | | |
|--------------------------------------------------------------------------------|-----|----|
| 1. Is alcohol served free of charge or included in the admission? | Yes | No |
| 2. Are servers trained to recognize intoxicated persons and to not over serve? | Yes | No |
| 3. Are IDs required to be checked on all patrons consuming alcohol? | Yes | No |

Liquor Liability Coverage

N/A

- | | | |
|-------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 4. Requested Liquor Liability Limits: Each Common Cause: _____ Aggregate: _____ | | |
| 5. Estimated Liquor Revenue: _____ | | |
| 6. Does your special event have a liquor license? | Yes | No |
| a. If no, does the event have a subcontracted liquor vendor with a license? | Yes | No |
| 7. Is liquor served in a fenced off area (either permanent or temporary)? | Yes | No |
| 8. What is the limit to the number of alcoholic beverages served to a patron at any one time? N/A | | _____ |
| 9. Have you ever had a fine or violation in the past five years regarding the sale of alcohol? If yes, provide details: | Yes | No |

FIREWORKS INFORMATION

N/A

- | | | |
|------------------------------------------------------------------------------------------|-----|----|
| 1. Name of person or organization putting on the display: | | |
| a. Are they licensed? | Yes | No |
| b. Are you named as an additional insured on their insurance policy? | Yes | No |
| 2. Will the fire department or ambulance be on hand? | Yes | No |
| 3. Is the display indoors? | Yes | No |
| 4. Do event employees or volunteers ever assist in the set-up or ignition of fireworks? | Yes | No |
| 5. Are spectators, event employees/volunteers an adequate distance from the launch site? | Yes | No |

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature

Title

Date

Producer Signature

Date