



Empty rectangular box for address or contact information.

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:			
7. SEATING WILL BE: <input type="checkbox"/> RESERVED SEATING <input type="checkbox"/> GENERAL ADMISSION								<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)				_____							

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.

