



The Main Event[®] - Special Event Liability



P.O. Box 768 Hendersonville, TN 37077
800-768-7475 Fax (615) 264-3980
www.bsrrins.com

TYPE OF EVENT

- | | | |
|---|--|--|
| <input type="checkbox"/> Beer Garden/Beer Tent | <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Individual Vendor Booth |
| <input type="checkbox"/> Car Show | <input type="checkbox"/> Motor Vehicle Race/Show | <input type="checkbox"/> Picnic |
| <input type="checkbox"/> Concerts/Musical Performance | <input type="checkbox"/> Competition or Show | <input type="checkbox"/> Sporting Event/Tournament |
| <input type="checkbox"/> Conventions/Trade Show/Exhibit | <input type="checkbox"/> Parade | <input type="checkbox"/> Wedding/Wedding Reception |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Party/Social Event | <input type="checkbox"/> Other (describe): _____ |

GENERAL INFORMATION

1. a. Name of applicant: _____
(List only one legal & dba name. Do not include "etal", "etc." or other similar wording in the name).
- b. Mailing address: _____
- c. Describe applicant's role and responsibility in event: _____
- d. Is there a website for this event? Yes* No
*If yes, provide website address: _____
2. a. Name of additional insured: _____
- b. Mailing address: _____
- c. Additional insured's interest in event: _____
3. a. Location of event (complete street number/name, city, state & zip): _____
- b. Will the event take place on the applicant's premises? Yes No
- c. Location is: Private Residence Liquor-Licensed Establishment Indoors
 Convention Center Stadium Outdoors
 Arena Fair Grounds Other (describe): _____
- d. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a Tribal Court? Yes No
4. a. Dates of event: From: ____/____/____ To: ____/____/____
(If one day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12:00 AM).
- b. Desired coverage date(s): From: ____/____/____ To: ____/____/____
- c. If event date(s) differs from desired coverage date(s), explain: _____
- d. Is set-up and take-down coverage needed for additional dates? Yes* No
*If yes, what are the dates and what will this exposure include?

- *Will there be any heavy machinery used? Yes No
- e. Would you like to include a rain date? Yes* No *If yes, what date? _____
5. Hours of event: From: ____AM/PM To: ____AM/PM If hours vary by date, describe: _____
6. FULL SCHEDULE/DESCRIPTION AND PURPOSE OF EVENT (Attach copy of brochure, website pages and flyer to this application or include details on all activities taking place): _____
7. Will there be any entertainment? Yes* No
*If yes, describe and include name of performers and acts: _____
8. a. ESTIMATED TOTAL ATTENDEES PER DAY: _____
- b. Average age of attendees: _____
- c. If applicant is an individual exhibitor/vendor, what is the estimated attendees per day anticipated to visit their booth? _____
- d. What is the maximum capacity of facility holding event? _____

9. Coverage desired: Commercial General Liability & Liquor Liability Commercial General Liability Only Liquor Liability Only

10. Limits of coverage desired: _____

HISTORY

11. Number of years event has been previously held: _____

12. Actual total attendance for prior year's event: _____

13. Previous carrier: _____ Policy number and premium: _____

14. Losses or claims during the past five years: _____

LIQUOR LIABILITY

15. ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY: _____

16. a. Is applicant the sole vendor/server of alcohol at event? Yes No*

*If no, list number of other vendors/servers serving alcohol: _____

b. Are all participating alcohol vendors/servers required to carry liquor liability limits for the event? Yes* No

*If yes, what is the minimum requirement? _____

17. a. Will alcohol be dispensed by a professional bartender? Yes No*

*If no, describe how and by whom alcohol will be dispensed: _____

b. Describe training and/or experience of persons serving alcohol: _____

c. What measures are in place to prevent service of alcohol to minor and/or intoxicated persons? _____

18. If required, does applicant have a valid liquor license? Yes No Not Required

19. a. Is the applicant in the business of selling, serving or furnishing alcoholic beverages? Yes No

b. Will alcohol be sold? Yes* No

*If yes, estimated gross alcohol receipts per day: _____

20. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted? Yes No

COMMERCIAL GENERAL LIABILITY

21. Will event feature any of the following:

a. Mechanical rides/devices? Yes No

b. Moon bounce, rock climbing wall, trampolines or similar rebounding devices? Yes* No

Describe: _____

*If yes, will a Certificate of Insurance be obtained for this exposure at the event? Yes No

c. Petting zoo or animal rides? Yes* No

*If yes, will a Certificate of Insurance be obtained for this exposure at the event? Yes No

d. Firearms or fireworks? Yes No

e. Overnight camping? Yes No

f. Dunk tanks? Yes No

g. Water hazards? Yes* No

*If yes, describe: _____

Will attendees be permitted to swim, boat, jet ski or fish? Yes No

*If yes, describe: _____

22. Will the event use exhibitors, vendors, performers, contractors, sub-contractors or independent contractors? Yes* No

*If yes, explain: _____

*Are they required to carry their own insurance? _____

*What limit is required? _____

23. a. Describe security measures: _____

b. Is security provided by: Independent contractors Employees of applicant On-duty police

c. If security is provided by independent contractors, are they required to carry their own insurance? Yes No

24. If this is a CONCERT/MUSICAL EVENT, complete below: (Please note, coverage for injury to performers and entertainers is excluded from our policy).

a. Name(s) of performer(s): _____

b. Describe type of music: _____

c. Performers are: Local National

- d. Will pyrotechnics be featured? Yes No
- e. Any special effects? Yes* No
- *If yes, describe: _____
25. If this is a PARADE EVENT, complete below: (Please note, coverage for injury to parade participants is excluded from our policy).
- a. Has parade route been approved by local authorities and will route be secured by police? Yes No*
- *If no, explain: _____
- b. Are parade participants permitted to throw souvenirs, candy or other items into the crowd? Yes No
- c. Describe parade route from start to finish: _____
26. If this is an ATHLETIC EVENT, complete below: (Please note, coverage for injury to athletic participants is excluded from our policy).
- a. Describe athletic event: _____ b. Professional or Amateur
- c. Is athletic participant's coverage desired? Yes No
27. If this is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW, complete below: (Please note, coverage for injury to participants is excluded from our policy).
- a. Is the venue designed specifically for this type of activity? Yes No
- b. Are metal or concrete barriers in place to ensure spectator safety? Yes No*
- *If no, describe: _____
- c. Are the barriers permanent? Yes No
- d. How high are the barriers? _____
- e. What is the distance between the barriers and spectators? _____
- f. Will the venue provide a catch fence for the event? Yes No
- g. Are spectators ever permitted in the pit or infield area? Yes No
- h. Will event feature audience participation? (i.e. calf scrambles) Yes No
- i. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public? Yes No
28. If this is a HEALTH FAIR/CONVENTION, complete below:
- a. Will the event feature any medical or health treatment? Yes No
29. If this is a CAR SHOW/MOTOR VEHICLE SHOW, complete below: (Please note, coverage for injury to participants is excluded from our policy).
- a. Do vehicles remain stationary throughout the show with the engines off? Yes No
- b. Will the event feature burnouts, drag races or flame throwing? Yes No

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Date: _____

If the applicant is located in the state of New York, the state of New York requires that we have the named insured and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____