



# AmWINS Access Insurance Services Special Events Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

## APPLICANT INFORMATION

NAME: \_\_\_\_\_

- Applicant's interest in this event? \_\_\_\_\_
- Name(s) of other individual(s) or group(s) taking part in or sponsoring this event: \_\_\_\_\_

## GENERAL INFORMATION

### 3. Type of event:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Beer Garden/Beer Tent | <input type="checkbox"/> Festival                | <input type="checkbox"/> Performance Festival      |
| <input type="checkbox"/> Car Show              | <input type="checkbox"/> Fund Raiser             | <input type="checkbox"/> Picnic                    |
| <input type="checkbox"/> Company Picnic        | <input type="checkbox"/> Individual Vendor Booth | <input type="checkbox"/> Political Event           |
| <input type="checkbox"/> Competition or Shows  | <input type="checkbox"/> Motor Vehicle Race/Show | <input type="checkbox"/> Sporting Event/Tournament |
| <input type="checkbox"/> Concert/Musical       | <input type="checkbox"/> Parade                  | <input type="checkbox"/> Wedding/Wedding Reception |
| <input type="checkbox"/> Convention/Trade Show | <input type="checkbox"/> Party/Social Event      | <input type="checkbox"/> Other: _____              |

Description of event (attach any flyers, brochures, etc.): \_\_\_\_\_

Location address of event: \_\_\_\_\_

Location is:  Arena  Fairgrounds  Public Park  Stadium  
 Convention Center  Private Residence  Other: \_\_\_\_\_

Event is being held:  Indoors  Outdoors  
 Date of Event: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time of Event: From \_\_\_\_ To: \_\_\_\_  
 Desired coverage dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Maximum daily attendance: \_\_\_\_\_ Total attendance: \_\_\_\_\_ Sales: \$ \_\_\_\_\_  
 Estimated age group of audience: From \_\_\_\_ to \_\_\_\_ No. of Participants: \_\_\_\_\_

### 4. General Information:

- Would you like to include a rain date?  Yes  No  
If **Yes**, what date: \_\_\_\_\_
- Do Participants sign waiver of liability agreements?  Yes  No
- Is there an admission fee?  Yes  No  
If **Yes**, what is the price of admission? \$ \_\_\_\_\_
- Is admission:  General Admission  By invitation only
- Is applicant an event coordinator?  Yes  No
- Is this part of a larger event?  Yes  No  
If **Yes**, please describe: \_\_\_\_\_
- Has this event been held before?  Yes  No  
If **Yes**, how many years? \_\_\_\_\_
- Will there be any heavy machinery used such as bulldozer's, backhoes, excavators, or any other types of industrial machinery (small forklifts and light machinery are acceptable)?  Yes  No
- Do you require Vendors, Ride operators, entertainers, concessionaires, Valet, etc. to provide you with a Certificate of Insurance?  Yes  No
- Are you named as an additional insured?  Yes  No
- Are there any water hazards present?  Yes  No  
If **Yes**:  Swimming Pool  Lake  Pond  Other: \_\_\_\_\_
- Overnight camping?  Yes  No

### 5. Animal Exposure:

Check here if not applicable:

- Are there animal rides?  Yes  No  
If **Yes**, are animals hand lead?  Yes  No  
List the type of animals: \_\_\_\_\_  
Describe area where rides are given ( arena, roped off area, etc.): \_\_\_\_\_
- Is safety apparatus used?  Yes  No
- Is there a petting zoo?  Yes  No  
If **Yes**, describe: \_\_\_\_\_  
List the type of animals: \_\_\_\_\_  
How is it set up? \_\_\_\_\_  
Is the area supervised?  Yes  No

**6. Athletic Event:** Check here if not applicable:

a. Number of participants: \_\_\_\_\_  Professional  Amateur

b. Age of participant: \_\_\_\_\_ Under 18: \_\_\_\_\_ Over 18: \_\_\_\_\_

c. Number of games: \_\_\_\_\_ Number of races: \_\_\_\_\_

d. Is coverage desired for participants?  Yes  No

e. Describe distance and protection between spectators and participants (attach diagram): \_\_\_\_\_

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**7. Bicycle/Running Event:** Check here if not applicable:

a. Is the route surface free of hazards and clearly marked?  Yes  No

b. Will all pedestrians and vehicular traffic be rerouted?  Yes  No

**8. Dog Races, Horse Races and Horse Shows:** Check here if not applicable:

a. Provide description of facility (attach diagram on separate sheet): \_\_\_\_\_

b. Are spectators allowed in any area where animals are kept when not performing?  Yes  No

c. Do livestock contractors have their own insurance?  Yes  No

d. Is seating at least 10 feet from the arena?  Yes  No

**9. Entertainment:** Check here if not applicable:

a. Will live entertainment be provided?  Yes  No

b. Is Event a rave, rave dance or rave party?  Yes  No

c. Any celebrities to be present?  Yes  No

If **Yes**, provide names: \_\_\_\_\_

d. Will there be a concert?  Yes  No

If **Yes**:

(1) Type of music:

<input type="checkbox"/> Alternative	<input type="checkbox"/> Country/western	<input type="checkbox"/> Hard Core	<input type="checkbox"/> Jazz	<input type="checkbox"/> Rap
<input type="checkbox"/> Blue Grass	<input type="checkbox"/> Gospel	<input type="checkbox"/> Heavy Metal	<input type="checkbox"/> R&B	<input type="checkbox"/> Rock
<input type="checkbox"/> Classical	<input type="checkbox"/> Gothic	<input type="checkbox"/> Hip-hop	<input type="checkbox"/> Other: _____	

(2) Name of performer or group: \_\_\_\_\_

(3) Any special effects for the concert?  Yes  No

If **Yes**, describe: \_\_\_\_\_

**10. Fireworks:** Check here if not applicable:

a. Will there be a fireworks display?  Yes  No

b. Will a licensed pyrotechnician ignite the fireworks?  Yes  No

If **No**, advise who will ignite them: \_\_\_\_\_

c. Is person igniting fireworks insured for this operation?  Yes  No

d. Distance between fireworks staging area and audience: \_\_\_\_\_

e. Spectators allowed in fireworks staging area?  Yes  No

f. Will firemen be present?  Yes  No

g. Will an ambulance be on hand?  Yes  No

h. Will fireworks be sold?  Yes  No

i. Please attach a copy of the certificates of insurance from the pyrotechnician.

**Applicant must be named as Additional Insured.**

**11. First Aid:** Check here if not applicable:

a. Will first aid facilities be provided at the event?  Yes  No

If **Yes**, describe: \_\_\_\_\_

b. Who will be charge of the facilities?  Doctors  Nurses  Others: \_\_\_\_\_

**12. Liquor and Food:** Check here if not applicable:

a. Is liquor to be served by applicant?  Yes  No

If **Yes**, explain: \_\_\_\_\_

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

c. Does applicant want Host Liquor?  Yes  No

d. Is the applicant required to have a valid liquor license for the event?  Yes  No

e. Is liquor to be served by others?  Yes  No

If **Yes**, do they have liquor liability coverage?  Yes  No

f. Estimated number of attendees consuming alcohol daily: \_\_\_\_\_

g. Food sold or served by applicant?  Yes  No

If **Yes**, provide detail: \_\_\_\_\_

h. How many concessionaries will be attending the event? \_\_\_\_\_

**13. Parking Facilities:** Check here if not applicable:

a. Operated by:  Applicant  Others

b. If others, do they have their own insurance?  Yes  No

c. Is parking area:  Paved  Dirt  Other: \_\_\_\_\_

**14. Parade:** Check here if not applicable:

a. Are cross streets barricaded?  Yes  No

b. Will souvenirs or other items be thrown into the crowd?  Yes  No

If **Yes**, what is thrown: \_\_\_\_\_

c. Animals in the parade are: \_\_\_\_\_

d. Are all of the animals insured against third-party liability claims by the owner?  Yes  No

If **Yes**, what are the minimum liability limits required of the owners: \_\_\_\_\_

e. Length of parade route: \_\_\_\_\_ Number of floats: \_\_\_\_\_ Number of Equestrians: \_\_\_\_\_

f. Number of bands: \_\_\_\_\_ Number of motorized vehicles and/or floats: \_\_\_\_\_

g. Is the parade route able to handle size and height of floats?  Yes  No

**15. Political Event:** Check here if not applicable:

a. If a political event, advise:  National Event  State Event  Local Event

b. Name of political figure and title: \_\_\_\_\_

c. Describe purpose of event: \_\_\_\_\_

**16. Rides/Attractions:** Check here if not applicable:

a. Will inflatables be utilized?  Yes  No

b. Will rides be provided?  Yes  No

If **Yes**, type of rides: \_\_\_\_\_

c. Are the rides supervised at all times?  Yes  No

d. Is applicant properly licensed to operate equipment?  Yes  No

e. Does the vendor or subcontractor operate Kiddie rides?  Yes  No

f. Does applicant have certificates of insurance from the ride or inflatable vendors?  Yes  No

g. Do you require all operators to name you as an Additional insured?  Yes  No

**17. Rodeos:** Check here if not applicable:

a. Name(s) of rodeo promoter/company/stock contractor: \_\_\_\_\_

b. Does the rodeo company maintain responsibility for security of stalls/pens used to board the stock?  Yes  No

c. Are the transfer areas between the animal pens and the competition restricted from the general public?  Yes  No

d. Rodeo area specifics:  Indoors  Outdoors  Permanent  Temporary

**18. Seating:** Check here if not applicable:

a. What type of setting will be provided?  Bleachers  Open Field  Grandstand  Stadium

Other: \_\_\_\_\_

b. Is seating:  Temporary  Permanent

c. If temporary, who is responsible for set up? \_\_\_\_\_

**19. Security and Traffic Control:**

a. Indicate type and number of each per the following:  
 Chaperones: \_\_\_\_\_ Independent security co.: \_\_\_\_\_  
 Employed security: \_\_\_\_\_ Off-duty police: \_\_\_\_\_

b. Is there a written emergency plan in the event of an accident?  Yes  No

c. Does independent security company provide a certificate of insurance?  Yes  No

d. Do they hold the applicant harmless?  Yes  No

e. Who is responsible for crowd and traffic control? \_\_\_\_\_

f. Are parking areas smooth with clearly marked parking areas and exit roads?  Yes  No

**20. Stadiums:** Check here if not applicable:

a. Are bleachers or platforms to be used?  Yes  No

If **Yes**, type:  Portable  Permanent

b. Back and side railing provided?  Yes  No

c. Construction:  Wood  Steel  Concrete

d. Height in feet: \_\_\_\_\_ Age of bleachers or platform: \_\_\_\_\_

e. Are patrons protected from, and warned against, potential flying objects?  Yes  No

f. Are patrons allowed on the field, track or pit area?  Yes  No

g. Is public address system clearly audible in all parts of the facility?  Yes  No

h. Is there a backup electrical supply for lighting and the public address system?  Yes  No

i. Are premises entrances/exits well lit?  Yes  No

**21. Under 21 Dance, Grad Night or Prom:** Check here if not applicable:

a. Are students allowed to leave and return?  Yes  No

b. Are chaperones provided?  Yes  No

c. Is security provided?  Yes  No

If **Yes**, describe and advise if armed: \_\_\_\_\_

**APPLICANT'S WARRANTY STATEMENT**

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

**FRAUD STATEMENT**

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 may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.**

Signature of Retail Agent \_\_\_\_\_ Date: \_\_\_\_\_