



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): _____

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:

Alternative Country/western Hard Core Jazz Rap

Blue Grass Gospel Heavy Metal R&B Rock

Classical Gothic Hip-hop 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: _____