

SPECIAL EVENTS QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

If the event maintains a web site, state the address: _____

UNDERWRITING INFORMATION

1. Estimated total attendance / number of days: _____ / _____
2. Hours of event: From: _____ To: _____
3. Additional Insured(s) required? ☐ Yes ☐ No
Provide name and describe interest: _____
4. Location of Primary Event: _____
5. Describe all events with locations and dates: (**Attach brochures, schedule of events or any other advertising**)

6. Will first aid services be available? ☐ Yes ☐ No
If Yes, explain: _____
7. Will alcohol be served? ☐ Yes ☐ No
If Yes, explain: _____
8. Are there mechanical rides, inflatable amusement devices, trampolines, dunk tanks or water slides? ☐ Yes ☐ No
9. Describe amusement devices and whether they are owned/operated by the applicant or a vendor: _____
10. Are certificates of insurance secured from exhibitors and vendors? ☐ Yes ☐ No
11. Describe security and crowd control measures: _____
12. Are any water hazards present? ☐ Yes ☐ No
If Yes, explain: _____
13. Number of grandstands or bleachers (*If any*): Permanent - _____ Temporary - _____
14. Seating capacity: _____ Are all seats assigned? ☐ Yes ☐ No
15. Is contractual liability required? If Yes, describe all contracts and/or hold harmless agreements, whether written or oral (including dates, contracting parties, and cost). ☐ Yes ☐ No
16. Is set up and take down coverage desired? ☐ Yes ☐ No
If Yes, on what date(s)? _____
17. How many times has this event been held in the past? _____
18. Do you use independent contractors? ☐ Yes ☐ No
If Yes, describe how: _____
19. Will the insured sell or distribute food at the event? ☐ Yes ☐ No
If Yes, describe products and expected receipts: _____

20. Is any transportation provided for event participants or attendees? ☐ Yes ☐ No
If Yes, explain: _____
21. Describe procedures for injury or medical emergency and list any law enforcement agencies involved:

FIREWORKS (if applicable)

22. Who will be igniting the fireworks? ☐ Fire Department ☐ Licensed Pyrotechnist ☐ Other
Explain: _____
23. Igniter is an: ☐ Employee ☐ Independent contractor
24. What are the policy limits on the igniter's policy? _____
(**Attach a certificate of insurance from the provider covering the party responsible for igniting the fireworks.**)

CONCERTS (if applicable)

25. Location of concert(s): _____ Date(s): _____
26. Estimated attendance for the concert(s) only: _____
27. Seating is: ☐ Assigned ☐ Unassigned
28. Capacity of facility used for concert: _____
29. Type of music being performed:
- | | | |
|--|--|---|
| <input type="checkbox"/> Country/Bluegrass | <input type="checkbox"/> Hard Rock/Heavy Metal | <input type="checkbox"/> Blues/Jazz |
| <input type="checkbox"/> Pop (Top 40) | <input type="checkbox"/> Punk | <input type="checkbox"/> Easy Listening |
| <input type="checkbox"/> Rap/Hip Hop | <input type="checkbox"/> Classical | <input type="checkbox"/> Other: _____ |
30. List all performers: _____

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address