Agency Name:	
Address:	
Contact Name:	
Phone:	
Fax:	
Email:	

PARADES

To be used with ACORD or Special Event Supplemental Application or its equivalent

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

Agent	Agent				
Applicant's Phone Number					
Web Address					
Contact Phone Number					
t following	Parade only (F	Recognition/Celebration)			
Type of Event: Parade with Sponsored Special Event following Functions: Parade Date(s): Operating Event Hours: Beginning: AM PM Do you require Pre or Post Event Coverage for Set-Up or Tear Down?:		Ending: AM PM			
Estimated Gross Sales		Estimated`			
\$		Attendance Per Day			
\$		Square Foot Area			
\$					
\$					
\$					
	•				
Detailed Information	on For All "N	O" Responses			
1. Do you carry Workers Compensation or Volunteer Worker Liability insurance for workers?					
	Applicant's Phone Web Address Inspection Contact Contact Phone Number of Contact Phone o	Applicant's Phone Number			

PARTICIPANT QUALIFICATIONS:

	Provide Detailed Information For All "NO" Responses
11.	Are all participants/groups required to complete and sign a registration form?
12.	Does the registration form clearly state participant rules, restrictions and regulations? Yes ☐ No
13.	Are Registrants required to submit a detailed description of their act, group, display, or activity
14.	Do you restrict participation to only those acts, displays or activities that meet registration rules? Yes 🔲 No
15.	Does the registration form contain a waiver of liability? Yes ☐ No
16.	Are all participants required to provide proof of insurance? (General Liability, Automobile Liability) Yes 🔲 No
17.	Do you prohibit or restrict noise levels using air horns, horn blowing, fireworks or similar devices? Yes
18.	Do you prohibit parade participants from throwing objects into the crowd?
19.	Do you prohibit parade participants from spraying any substance (including water) into the crowd? Yes
20.	Do you use or permit any participant to use flammables, pyrotechnics, fireworks,
21.	Do you enforce a minimum distance requirement between groups? Yes ☐ No
22.	Do you enforce a maximum speed limit for all motorized vehicles, carriages, or wagons? Yes $\ \square$ No
23.	Do Employees or Volunteers monitor participants entering the parade route from the
24.	Are the staging/finishing areas large enough to allow separation between groups by type
25.	Do you restrict access to the staging/finishing area to authorized personnel and participants only? Yes 🔲 No
	Specialty Groups – Additional Underwriting Information
	Mounted Riders
	What is the minimum age requirement for any mounted participant?
	Floats – Self-propelled or Trailer Driven
	Are all units carrying passengers required to have safety rails?
	Motorized Vehicles - Including but not limited to Autos, Mobile Equipment, Farm Equipment, Race Cars, Shriner Cars, Go Karts, Golf Carts, Motorcycles, tractors etc.
	What is the minimum age requirement for any participant driver? Are all riders/drivers required to wear appropriate safety equipment (helmets etc)? Do you allow the units to perform stunting or racing maneuvers? Do motorized groups or brigades stage and finish in a designated area Yes No away from other participants?

	Specialty Groups – Additional Underw	riting Information Continued
	Carriage/Wagon	
	Yes	
	Balloons or Inflatable Characters	
PROD	DUCTS/COMPLETED OPERATIONS (PRODUCTS OTHER	THAN FOOD)
	Products	Anticipated Gross Sales
	ch literature, brochures, advertisements if available larks:	

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

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

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.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: 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, Tennessee, Virginia, Washington:

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.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

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

New Mexico

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 civil fines and criminal penalties.

New York

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

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

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.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature	Date	Applicant's Signature	Date