



Special Event General Liability Application

Applicant's Name: _____

 Mailing Address: _____

 Website Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

1. Location address of event and venue name (if applicable): _____

2. Description of event (attach any flyers, brochures and/or event website address): _____

Maximum daily attendance: _____ Total attendance: _____ Sales: \$ _____
Length of event: _____ Estimated age group of audience: From: _____ To: _____
Daily hours of event: _____
No. of Participants: _____ Do participants sign waiver of liability agreements?..... Yes No

3. Applicant's experience in conducting events of this or similar nature: _____

Is applicant an event planner/coordinator? Yes No

4. If applicant is the sponsor, does the operator have General Liability insurance? Yes No

If yes: Name of insurance carrier: _____
General Liability limits: \$ _____

5. Is any Marijuana/Cannabis sold or distributed?..... Yes No

6. Entertainment:

a. Is live entertainment provided? Yes No

If yes, describe: _____

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

c. Is there a concert? Yes No

If yes: Type of music:

- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Blue grass | <input type="checkbox"/> Classical | <input type="checkbox"/> Country/Western | <input type="checkbox"/> Gospel |
| <input type="checkbox"/> Gothic | <input type="checkbox"/> Hard core | <input type="checkbox"/> Heavy metal | <input type="checkbox"/> Hip-hop | <input type="checkbox"/> Jazz |
| <input type="checkbox"/> R&B | <input type="checkbox"/> Rap | <input type="checkbox"/> Rock | <input type="checkbox"/> Other (describe): _____ | |

Names of performers or groups: _____

Any special effects for the concert? Yes No

If yes, describe: _____

7. Fireworks:

a. Is there a fireworks display?..... Yes No

b. Is a licensed pyrotechnician igniting the fireworks? Yes No

If no, advise who will ignite: _____

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

d. Distance between fireworks staging area and audience: _____

e. Are spectators allowed in fireworks staging area? Yes No

f. Are firemen present? Yes No

g. Are fireworks being sold?..... Yes No

8. First Aid:

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

If yes, describe: _____

b. Who will be in charge of the facilities? Doctors Nurses Others: _____

9. Hold-harmless Agreements:

a. Is applicant held harmless by others? Yes No

b. Does applicant agree to hold any third-party harmless? Yes No

If yes, who? _____

c. Is applicant naming anyone as an additional insured?..... Yes No
If yes, who and why? _____

10. Liquor:

a. Is liquor to be sold by applicant?..... Yes No
b. Is liquor to be served, but not sold, by applicant? Yes No
If yes, explain: _____
c. Does applicant want Host Liquor?..... Yes No
d. Is liquor to be served/sold by others? Yes No
If yes, do they have Liquor Liability coverage? Yes No
e. Are attendees allowed to bring their own alcohol? Yes No

11. Rides/Attractions:

a. Are inflatables utilized? Yes No
If yes: Number and description: _____

Are inflatables provided by the applicant?..... Yes No
Are inflatables provided by vendors? Yes No
Advise if applicant or vendor oversee use of inflatables: _____
b. Are rides provided? Yes No
If yes: Number and description: _____

Are rides inspected? Yes No
Do rides have signs clearly marking age, height and size limitations? Yes No
Is applicant in compliance with state laws regulating amusement ride inspections and limitations?..... Yes No
c. Do ride/inflatable vendors have General Liability insurance?..... Yes No
If yes: Advise limits: _____
Is applicant included as an additional insured on the ride/inflatable vendors General Liability policies?..... Yes No
Does applicant obtain certificates of insurance from the ride/inflatable vendors?..... Yes No
d. Do ride/inflatable vendors hold applicant harmless?..... Yes No

12. Security:

a. Is there a written emergency plan in the event of an accident?..... Yes No
b. Indicate which of the following are applicable and number provided:
 Chaperons: _____
 Employed armed security: _____
 Employed unarmed security: _____
 Off-duty police: _____
 Independent armed security contractor: _____ Independent unarmed security contractor: _____
Does independent security contractor provide a certificate of insurance? Yes No
Does independent security contractor hold applicant harmless? Yes No
Does independent security contractor name applicant as additional Insured on General Liability policy?..... Yes No

13. Stadiums:

- a. Are bleachers or platforms to be used?..... Yes No
If yes, type: Permanent Portable
- b. Back and side railings provided?..... Yes No
- c. Construction: Concrete Steel Wood
- 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

14. Traffic Control:

- a. Who is responsible for crowd and traffic control? _____
- b. Are parking areas smooth with clearly marked parking areas and exit roads? Yes No

15. Additional Insured Information:

Name	Address	Interest

- 16. During the past three years, has any company ever cancelled, declined or refused similar insurance to the applicant? (Not applicable in Missouri).....** Yes No
If yes, explain: _____

- 17. Does applicant have other business ventures for which coverage is not requested?.....** Yes No
If yes, explain and advise where insured: _____

18. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Coverage					
Policy No.					
Total Premium					

19. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. Check if no losses last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

Complete the following if applicable to event(s):

20. Bicycle/Running Event:

- a. Advise distance of event: _____
- b. Is the route surface free of hazards and clearly marked? Yes No
- c. Are pedestrians and vehicular traffic rerouted? Yes No
- d. Does event take place on public roads? Yes No
If yes: Are police escorts along route? Yes No
Are lane barriers utilized? Yes No

21. Christmas Tree Lot/Farm:

- a. Number of Christmas Tree lots: _____
- b. Number of Christmas Tree farms: _____
- c. Are customers allowed to cut their own trees? Yes No
If yes: Anyone under the age of eighteen (18) permitted to cut? Yes No
Are cutting tools provided to customers? Yes No
If yes, are power cutting tools provided? Yes No
Are customers required to sign liability waivers? Yes No

22. Haunted House:

- a. Describe building and construction: _____

- b. Is there any cardboard construction? Yes No
If yes, describe: _____
- c. Age: _____ Condition: _____
- d. Are there separate entrances and exits? Yes No
- e. Has the house been inspected by a Fire Marshall? Yes No
- f. Does the house meet all local, city and state codes? Yes No
- g. Describe any temporary structures: _____

- h. Are any of the following present? Yes No
 Electric shock devices Fire or Flash powders Moveable floors Power tools as props
 Sinking floors Slides Suspended bridges Unlit stairs
- i. Describe special effects: _____

- j. Does applicant have lead and follow-up guides? Yes No
- k. Ratio of attendants to the public: _____ Number of persons per group: _____
- l. Age of clients: _____ Are children supervised? Yes No
- m. Does applicant have a door monitor? Yes No
- n. Does applicant have the public participate in stunts? Yes No
- o. Does anyone touch the public? Yes No
If yes, explain: _____

- p. Does applicant have a gift shop or concession stand? Yes No
If yes, receipts: _____

23. Motorized Vehicle Sporting Event:

Complete GLS-APP-62s, Racing Special Events Supplemental Application.

24. Parade:

- a. Are cross streets barricaded? Yes No
- b. Are souvenirs or other items 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 parade route able to handle size and height of floats? Yes No

25. Political Rally:

Please describe: _____

26. Pumpkin Patch (temporary retail lot):

- a. Indicate if any of the following activities are available:
 - Hay stack/slide Hay rides (maximum number of riders per wagon _____)
 - Petting zoo Maze Pony sweep Pumpkin picking from fields
 - Other (Specify): _____
- b. Is any pumpkin patch in conjunction with farm operations? Yes No

27. Rodeo:

- a. Name(s) of rodeo promoter/company/stock contractor: _____
- b. Does the rodeo board the stock in the applicant's facility overnight?..... Yes No
- c. Does the rodeo company maintain responsibility for security of stalls/pens used to board the stock?..... Yes No
- d. Are the transfer areas between the animal pens and the competition restricted from the general public?..... Yes No
- e. Rodeo arena specifics: Indoors Outdoors Permanent Temporary

28. Under 21 Dance, Graduation Night or Prom:

- a. Are students allowed to leave and return? Yes No
- b. Are chaperons provided?..... Yes No
- c. Is security provided?..... Yes No
If yes, describe and advise if armed: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. **(Not applicable to Oregon).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.



CREATIVE UNDERWRITERS CORPORATION
 140 EAST MAIN STREET, CARMEL, IN 46032
 1-800-769-4321 • Fax (317) 571-5767
 E-mail: P&C@CreativeUnderwriters.com

Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied				
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk:			
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expenses (any one person)	\$	\$
Other Coverages, Restrictions and/or Endorsements	\$	Total
Deductible	\$	\$

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

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.