



This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Rev. 09/2013

Special Event Liability Insurance Quote

Special Event Liability Group Insurance Trust Event Application – Commercial General Liability

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

APPLICANT INFORMATION

1. Named Insured (Event Holder) is a:

- | | | |
|--|--|---|
| ☐ Individual | ☐ LLC or LLP | ☐ Limited Partnership |
| ☐ Corporation | ☐ Public Agency | ☐ Not-For-Profit |
| ☐ Trust or Estate | ☐ Labor Union | ☐ Religious Organization |
| ☐ Unincorporated Assoc. | ☐ Informal Group or Committee | ☐ Joint Venture |
| ☐ General Partnership | ☐ Other | |
- Describe: _____

2. Named Insured (as it is to appear on the policy):

(Event holder name as shown on the permit or rental agreement)

Is this Named Insured the:

Property Owner? ☐ Yes ☐ No
Property Manager? ☐ Yes ☐ No

2a. Are you a:

Vendor? ☐ Yes ☐ No
Instructor? ☐ Yes ☐ No
Event Holder? ☐ Yes ☐ No

3. Address: _____

City: _____ State: _____ Zip: _____

4. Contact Person: _____

5. E-mail: _____ Website: _____

6. Home Phone: _____ Business Phone: _____

7. Fax #: _____ Cell Phone: _____

EVENT INFORMATION

8. Name & Type of Event: _____

9. Name of Facility: _____
(name of place where event is being held)

10. Event Location: _____

City: _____ State: _____ Zip: _____

HUB International Insurance Services Inc.
P.O. Box 4047, Concord, CA 94524-4047

PH: 925-609-6500 ■ FX: 925-609-6550 ■ Email: specialevent@hubinternational.com
Website: www.eventinsure.com ■ License #: 0757776

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11. Facility Owner: _____
12. Address: _____
 City: _____ State: _____ Zip: _____
13. Is there a Property Manager that requires being included as Additional Insured?
☐ Yes ☐ No If yes, Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
14. Are there any caterers, vendors, concessionaires, exhibitors, entertainers, promoters or sponsors which are to be included as an Insured under this insurance policy?
☐ Yes ☐ No If yes, provide their name, mailing address and type of service to your Event.

(Type of service = caterer, vendor, concessionaire, exhibitor, entertainer, promoter or sponsor)

Add additional pages if required.

Type of Service: _____

Sells or Serves Alcoholic Beverage: ☐ Yes ☐ No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Service: _____

Sells or Serves Alcoholic Beverage ☐ Yes ☐ No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

15. List each date the Event will be held, expected attendance and event duration each day. Include event set up and take down days. Indicate if alcoholic beverage is sold or served for each day. Attach a separate page if necessary. If the time goes past midnight, be sure to include the new day and the hours.

Date	Event Hours		Attendance (Expected)	Alcoholic Beverages				Hours when Alcoholic Beverages are served or sold	
	Start	End		Served		Sold		Start	End
				☐ Yes	☐ No	☐ Yes	☐ No		
				☐ Yes	☐ No	☐ Yes	☐ No		
				☐ Yes	☐ No	☐ Yes	☐ No		
				☐ Yes	☐ No	☐ Yes	☐ No		
				☐ Yes	☐ No	☐ Yes	☐ No		
				☐ Yes	☐ No	☐ Yes	☐ No		
				☐ Yes	☐ No	☐ Yes	☐ No		

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16. Describe the Event and list all activities. Attach a separate page if necessary. If the Event is more than one day, include the date(s) each activity occurs.

☐ Anniversary	☐ Confirmation	☐ Quinceanera
☐ Baby Shower	☐ Engagement	☐ Reception
☐ Baptism	☐ Graduation	☐ Retirement
☐ Bar mitzvah	☐ Lecture (Describe Topic)	☐ Reunion
☐ Bat mitzvah	☐ Meeting (Describe Topic)	☐ Wedding
☐ Birthday	☐ Ordination	☐ Wedding Shower
		☐ Other (Describe below): _____

17. If Birthday, please indicate the year which is being celebrated.

☐ 1yr. – 8yrs.	☐ 21yrs. – 29yrs.	☐ 50yrs. – 59yrs.
☐ 9yrs. – 13yrs.	☐ 30yrs. – 39yrs.	☐ 60 and over
☐ 14yrs. – 20yrs.	☐ 40yrs. – 49yrs.	

18. If concert, will dancing be permitted? ☐ Yes ☐ No

If yes, is there a designated dance floor or area? ☐ Yes ☐ No

19. Do you expect any celebrities or highly public individuals to attend or participate in your event? ☐ Yes ☐ No

If yes, please list the individuals and classify the individual entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc.

Individual: _____

Class of Celebrity or Public Figure: _____

20. For all Events, please indicate the expected age range of the attendees.

☐ 13 and under	☐ 24 – 29	☐ 40 – 49	☐ 60 and over
☐ 14 – 23	☐ 30 – 39	☐ 50 – 59	

21. Will your Event have overnight stay or lodging? ☐ Yes ☐ No

If yes, lodging is arranged by: ☐ Event Holder ☐ Attendees

22. Is the Event Holder required to add as additional insured the Property Owner providing the lodging?

☐ Yes ☐ No

Property Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Lodging Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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23. Is your Event indoor, outdoors or both? ☐ Indoor ☐ Outdoor ☐ Both
 24. The Event is: ☐ Open to the Public ☐ Private Group ☐ Personal Invitation Only
 25. Will you sell tickets to attend the Event? ☐ Yes ☐ No If yes,

1. How many tickets do you expect to sell? _____

2. What is the expected total receipts from ticket sales? _____

3. What is the price per admission ticket? _____

4. Tickets are: ☐ Pre-sold Only ☐ Sold only at the door ☐ Both

26. Do you expect to receive donations to attend this Event? ☐ Yes ☐ No

27. Seating at the Event is: ☐ Assigned Seating ☐ Open Seating
☐ Bring Your Own Seating ☐ Grandstands or Bleachers

28. Will the Event have security? ☐ Yes ☐ No

If yes, show type of security and list number of security personnel.

Type of Security & # of Security Personnel

Type of Security	#	Type of Security	#
☐ Facility Security	—	☐ Private Security Co.	—
☐ Private Security-Not employees of a Security Co.	—	☐ Police or Sheriff	—
☐ Peer Group or Ushers	—	☐ Employees of Event Holder	—
☐ Parent Chaperones	—	☐ Volunteers	—

29. Security will be: ☐ Armed ☐ Unarmed # of Persons: _____

30. Is the Event being advertised or promoted? ☐ Yes ☐ No If yes, how? (Include all methods)

Television: ☐ Yes ☐ No

Radio: ☐ Yes ☐ No

News Paper: ☐ Yes ☐ No

Brochure: ☐ Yes ☐ No

Handout / Announcement: ☐ Yes ☐ No

Billboard: ☐ Yes ☐ No

Poster: ☐ Yes ☐ No

Other: ☐ Yes ☐ No Describe: _____

Event Web site: ☐ Yes ☐ No Website Address: _____

31a. Will alcoholic beverages be served? ☐ Yes ☐ No If yes,

1) Will you charge a fee or collect a ticket? ☐ Yes ☐ No

2) Do people pay to attend? ☐ Yes ☐ No

3) Do you receive a donation? ☐ Yes ☐ No

31b. Type of Alcoholic Beverage: ☐ Beer ☐ Wine or Champagne ☐ Mixed Drinks or Full Bar

31c. Estimated sales receipts for Alcoholic Beverages: _____

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31d. Do you have a caterer or vendor serve or sell the alcoholic beverage? ☐ Yes ☐ No

If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance? ☐ Yes ☐ No

31e. How many different locations at the Event will alcoholic beverage be served or sold? ____

31f. Are you required to obtain or have a liquor license for your Event? ☐ Yes ☐ No

31g. What management practices do you have in place to monitor and control the consumption of alcoholic beverages?

☐ Yes ☐ No Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted.

☐ Yes ☐ No Everyone must show identification to receive an alcoholic beverage.

☐ Yes ☐ No Individuals over the legal drinking age receive a wristband or other form of identification.

☐ Yes ☐ No There is a limit of two servings provided to any one individual per visit to the concession.

☐ Yes ☐ No Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated.

☐ Yes ☐ No The concession or bar is closed at least one hour prior to the end of the Event.

32. Does your Event include any athletic or recreational activity? ☐ Yes ☐ No

If yes, list each activity, the date of the activity and the number of participants each day.

<u>Date</u>	<u>Activity</u>	<u># of Participants</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

33.a Explain your procedure for collecting and keeping Waivers and Release of Liability Forms, which have been signed by all participants. **(The insurance policy will have a warranty that all athletic participants are required to sign a Waiver and Release of Liability. The insurance policy will exclude any claim for injury by an athletic participant, if that individual did not sign a Waiver and Release of Liability).**

33.b Provide a copy of the Waiver and Release of Liability, which will be signed by all participants.

34.a Will your Event have music? ☐ Yes ☐ No

If yes, what type of music? ☐ Live Music ☐ Disc Jockey ☐ Stereo/CD Player

34.b What type of music will be played? Indicate all types, which will be played.

☐ 1950's/1960's

☐ Acid Rock

☐ Alternative

☐ Big Band

☐ Blues

☐ Bubblegum

☐ Classical

☐ Country Soul

☐ Country & Western

☐ Death Rock

☐ Disco

☐ Ethnic or Foreign Culture

☐ Folk

☐ Funk

☐ Goth

☐ Goth Metal

☐ Hard Rock

☐ Heavy Metal

☐ Hip Hop

☐ Industrial

☐ Jazz

☐ New Wave

☐ Pop

☐ Psychedelic

☐ Punk

☐ Rap

☐ Rave

☐ Reggae

☐ Rockabilly

☐ Ska

☐ Soft Rock

☐ Soul

☐ Symphony

☐ Techno

☐ Other Describe: _____

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35. Does the Event include any of the following activities? If yes, describe the activity on a separate page.

☐ Yes	☐ No	Inflatable Activities (please provide a list of each Inflatable Activity)
☐ Yes	☐ No	Animals or Animal Acts
☐ Yes	☐ No	Climbing Wall
☐ Yes	☐ No	Horseback Riding or use of Horses
☐ Yes	☐ No	Skate Board Activities
☐ Yes	☐ No	Roller Blade or Roller Skate Activities
☐ Yes	☐ No	Bicycle or Unicycle Activities
☐ Yes	☐ No	Watercraft Activities or Use
☐ Yes	☐ No	Use or Demonstration with Guns
☐ Yes	☐ No	Use or Demonstration with Fire
☐ Yes	☐ No	Use or Demonstration with Chemicals
☐ Yes	☐ No	Providing Medical or Chiropractic Information or Care
☐ Yes	☐ No	Any Construction or Demolition Work
☐ Yes	☐ No	Any use of Scaffolding or Elevated Platform more than 4 feet above ground level

If yes, please explain:

36. Does the Event include any of the following? **Claims arising out of each is excluded under this insurance policy.**

☐ Yes	☐ No	Aircraft, Balloon Ride or Gliders
☐ Yes	☐ No	All Terrain Boarding
☐ Yes	☐ No	Base Jumping
☐ Yes	☐ No	Bouldering
☐ Yes	☐ No	Boxing, Wrestling, Hockey, Contact Karate or Martial Arts, Football, Lacrosse or Rugby
☐ Yes	☐ No	Bungee Jumping
☐ Yes	☐ No	Circus Acts or Carnival Rides
☐ Yes	☐ No	Concerts exceeding 6 hours of performance time
☐ Yes	☐ No	Concert or Dance with Mosh Pit
☐ Yes	☐ No	Diving, Platform Diving or Spring Board Diving
☐ Yes	☐ No	Hang Gliding
☐ Yes	☐ No	Kayaking, Rafting or Canoeing
☐ Yes	☐ No	Mechanical Amusement Ride
☐ Yes	☐ No	Motorized Sporting Equipment
☐ Yes	☐ No	Mountain Biking
☐ Yes	☐ No	Power Boats
☐ Yes	☐ No	Professional Sporting Activity; Games, Races or Contest of a professional nature with cash prize
☐ Yes	☐ No	Pyrotechnics, Fireworks, Explosives, Black Powder
☐ Yes	☐ No	Rap, Heavy Metal or Rock Concert
☐ Yes	☐ No	Rock Climbing
☐ Yes	☐ No	Rodeo and Roping Events (including practice)
☐ Yes	☐ No	Skin Diving
☐ Yes	☐ No	Scuba Diving
☐ Yes	☐ No	Sky Diving
☐ Yes	☐ No	Tractor Pull/Truck Pull
☐ Yes	☐ No	Trampoline

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37. Have you held this Event or a similar Event in past years? ☐ Yes ☐ No

If yes, please list all claims arising during the past five years from the Event. ☐ None

Date of Claim	Claimant	Description	Paid to Date	Total Expected

38. Do you require that any vendors or Event service providers provide Certificates of Insurance and name you and the property owner as Additional Insureds? ☐ Yes ☐ No

If yes, provide a copy of the Certificate of Insurance from the vendors or service providers from whom you have received Certificates and Additional Insured Endorsements.

39. Do you have an Emergency Evacuation Plan? ☐ Yes ☐ No

If yes, explain how Event Management and Event Attendees are notified.

40. Will there be Medical Personnel present at the Event? ☐ Yes ☐ No If yes, identify the number of:

Doctors: _____ EMT/EMS: _____
 Paramedics: _____ Other: _____
 Nurses: _____

41. Is there an Ambulance on site? ☐ Yes ☐ No

42. The following items are required to be submitted with this information form.

- 1) Copy of all Certificates of Insurance from vendors that list you as an Additional Insured. (If you have received them.)
- 2) Copies of all Brochures, Promotional Materials and Event Advertising.
- 3) Copy of the Complete Schedule of Events or Activities.
- 4) Copy of the Waiver and Release of Liability to be signed by Participants in any recreational or athletic activity.

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to Special Event Liability Group Insurance Trust. Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

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Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Notice to New York Applicants: 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.

Signature _____ Title _____ Date _____
Name _____
(Owner, Partner or Officer)

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.