

## Special Event Insurance Enrollment Form

Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. Payment of premium is Named Insured's formal request to obtain insurance through Special Markets Special Events Insurance Program and/or Special Markets Risk Purchasing Group.

### GENERAL INFORMATION

Named Insured \_\_\_\_\_

Named Insured is:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website \_\_\_\_\_

Event Start Date \_\_\_\_\_ Event End Date \_\_\_\_\_

Coverages Requested  Accident Medical  General Liability  Accident Medical & General Liability  Terrorism Coverage

Limits of Insurance Requested \_\_\_\_\_

### UNDERWRITING INFORMATION

Name of Event \_\_\_\_\_

Describe all events, activities, and operations you are requesting insurance coverage for.

\_\_\_\_\_

#### Schedule of Events

| Activity | Date | Time(s) | Location Name / Address | Estimated Attendance |
|----------|------|---------|-------------------------|----------------------|
|----------|------|---------|-------------------------|----------------------|

\_\_\_\_\_

Number of participants Youth \_\_\_\_\_ Over 18 \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

Total Estimated Spectator Attendance \_\_\_\_\_ Ticket Prices \_\_\_\_\_

Are you contractually obligated to name an owner, manager, lessor of premises or any other person or entity as additional insured? If yes, list below.

| Additional Insured Name | Address | Relationship to You |
|-------------------------|---------|---------------------|
|-------------------------|---------|---------------------|

\_\_\_\_\_

Do you have a written contract in place with all persons or entities you contract with? \_\_\_\_\_ Do these contracts contain a harmless agreement whereby you the Named Insured do NOT assume liability of any other person(s) or entities? \_\_\_\_\_

Do you require those you contract with to name you the Named Insured as an Additional Insured on their liability insurance and provide evidence of doing so? \_\_\_\_\_

Who is responsible for the following operations?

|                       | <u>Named Insured</u> | <u>Premises/Facility</u> | <u>Other Third-Party Contractor</u> |
|-----------------------|----------------------|--------------------------|-------------------------------------|
| Security:             | _____                | _____                    | _____                               |
| Concessions:          | _____                | _____                    | _____                               |
| Parking:              | _____                | _____                    | _____                               |
| Emergency Medical:    | _____                | _____                    | _____                               |
| Facility Maintenance: | _____                | _____                    | _____                               |

Do you have prior experience with this event or similar events? \_\_\_\_\_ Provide details. \_\_\_\_\_

Will alcoholic beverages be served or sold at this event? \_\_\_\_\_

What is the facility seating capacity? \_\_\_\_\_ Is the seating permanent or temporary? \_\_\_\_\_

Do you require all event participants and volunteers to sign waivers? \_\_\_\_\_

**PRIOR INSURANCE INFORMATION** *Provide minimum three years information.*

| Year  | Company | Type of Claim | Claim Amount |
|-------|---------|---------------|--------------|
| _____ | _____   | _____         | _____        |
| _____ | _____   | _____         | _____        |
| _____ | _____   | _____         | _____        |

*Make Check Payable & Mail to* **Special Markets Insurance Consultants, Inc.**

**FRAUD STATEMENT [Not applicable in Colorado, Florida, New Jersey & Virginia]** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or settlement 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 (New York: substantial) civil penalties. In Maine and Virginia, insurance benefits may be denied and penalties include imprisonment and fines.

*The above information is correct to the best of my knowledge.*

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Local / Regional Licensed Agency**

Agency Name \_\_\_\_\_ License Number \_\_\_\_\_

Agent Name (printed) \_\_\_\_\_ Agent Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Licensed Agent)

E-mail Address \_\_\_\_\_ Proposal Number \_\_\_\_\_