

GENERAL INFORMATION:

Agency Name INSURANCE MANAGEMENT GROUP # 13465
 Producer _____ Effective Date _____
 Premium Payment Method: Full - (Full payment is due at inception)

APPLICANT INFORMATION:

Applicant's Name _____
 Mailing Address: _____
 Street _____ City _____ State _____ ZIP _____
 Contact Person _____ Phone # _____
 Applicant is a: Individual Partnership Corporation Other (specify) _____
 Website _____

EVENT LOCATION:

Location # _____ Street, City, County, State, ZIP _____

PRIOR INSURANCE INFORMATION

Has this event ever been held previously? YES NO
 If yes, complete the following "Prior Coverage" and "Loss History" sections.

Prior Coverage

Prior Carrier	Eff./Exp. Date	Policy Number	Policy Premium

Loss History: Note any prior claims or losses for this event. Check here if there are no prior claims.

Date of Occurrence	Description of Claim	Amount Paid	Claim Status
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed

GENERAL LIABILITY SECTION

1. PER OCCURRENCE/AGGREGATE LIMITS

Input fields for liability limits: \$100,000/200,000, \$300,000/600,000, \$500,000/1,000,000, \$1,000,000/2,000,000, \$1,000,000/3,000,000

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

Question A: Date of Event, Expected Daily Attendance, Hours of Operation. Includes three horizontal lines for input.

Question B: Describe the event, including a complete list of activities. Please attach a flyer if available. Includes two horizontal lines for input.

Question C: What is your involvement in the event? Check all that apply: SPONSOR, VENDOR, ORGANIZER, PARTICIPANT

Question D: Is a Certificate of Insurance required from all exhibitors/vendors? YES/NO. If no, what exhibitors must submit a certificate, if any?

Question E: If sponsoring this event, are you requesting to be named as an additional insured on vendor's policy? YES/NO

Question E: ANY ADDITIONAL INSURED. Manager or Lessors, NOC. Includes two horizontal lines for input.

Question F: What precautionary measures have been taken in the event of a medical emergency or injury? Includes one horizontal line for input.

Question G: Briefly describe what security measures will be taken. Include the number of security personnel and the name of the firm providing the security? Includes one horizontal line for input.

Question H: Is there grandstand or bleacher seating? YES/NO

Question I: Is there a barrier between the exhibition and the spectators? YES/NO/N/A. (A barrier is required for events with vehicles) If yes, please explain the type of barrier and distance to the spectators? Includes one horizontal line for input.

Question J: Are spectators allowed to participate in any of the sponsored events? YES/NO. If yes, please explain? Includes one horizontal line for input.

Question K: Are participants required to sign any releases of waivers? YES/NO. If so, please attach a copy.

Question L: Will you be using any mobile equipment? Check all that apply: ATV's, Golf Carts, Snowmobiles, Bobcats, Cranes, Tractors, Horse drawn wagons, Other. What is the use of this equipment? Check all that apply: Transporting People, Transporting Supplies or Equipment, Operated/Driven by Public, Officials/Staff Only, Other. Where is the equipment stored when not in use? Who is responsible for the insurance of the mobile equipment? Includes two horizontal lines for input.

Question M: Will the applicant serve alcohol? YES/NO. If yes: a. Who is providing the liquor liability coverage? b. Who is providing the security in the area where the liquor is being served? Includes two horizontal lines for input.

Question N: Will applicant allow others to serve alcohol at this event? YES/NO. If so, certificates of insurance are required. Includes one horizontal line for input.

Special Event Application

IF LIQUOR LIABILITY COVERAGE IS DESIRED, PLEASE COMPLETE THE FOLLOWING LIQUOR LIABILITY SECTION. IF YOU ARE NOT APPLYING FOR LIQUOR LIABILITY, DO NOT COMPLETE THIS SECTION.

NOTE: LIQUOR LIABILITY IS ONLY AVAILABLE IF NSI IS PROVIDING THE GENERAL LIABILITY COVERAGE FOR THIS EVENT.

LIQUOR LIABILITY SECTION

- A. Liquor Liability Limit, Per Occurrence/Aggregate
B. What are anticipated alcohol sales for this special event?
C. What is the anticipated crowd size?
D. During what hours will alcohol be served?
E. Is a liquor license required for this event?
F. Will the servers of the alcoholic beverages be licensed bartenders?
G. Will there be law enforcement officers in the immediate area?
H. Will there be a double fence around the area where alcohol is served?
I. Will anyone under the age of 21 be permitted in the area where liquor is served?
J. Will ID's be checked?
K. Has applicant hosted similar events with the sale of alcohol?
L. Does applicant currently have Liquor Liability coverage?
M. (Not Applicable In Missouri) Has applicant ever had liquor liability coverage non-renewed or cancelled?
N. Please provide the name and phone number of the contact person in charge of the alcohol sales:
O. List all claims or occurrences that may give rise to claims for the previous five years:

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

NOTICE: PLEASE READ BEFORE SIGNING!

In order to underwrite the insurance applied for above, an investigation consumer report may be requested and made, including information as to the character of the applicant for insurance and the persons to be insured under the policy applied for, their general reputations, business characteristics and credit standing. You are advised that you may make a request within a reasonable time after receipt of this Notice for a disclosure by West Bend Mutual Insurance Company of the nature and scope of the investigation requested.

Any person who, with intent to defraud or knowing that he/she 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.

Date _____ Time _____ Applicant's Signature _____
Agency Name and Producer's Signature INSURANCE MANAGEMENT GROUP