

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 boxes 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:

A. Date of Event: _____ Expected Daily Attendance: (Required to rate) _____ Hours of Operation: _____

B. Describe the event, including a complete list of activities. Please attach a flyer if available. _____

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

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

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

E. ANY ADDITIONAL INSURED YES NO

Manager or Lessors _____

NOC _____

F. What precautionary measures have been taken in the event of a medical emergency or injury: _____

G. Briefly describe what security measures will be taken. Include the number of security personnel and the name of the firm providing the security: _____

H. Is there grandstand or bleacher seating? YES NO

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: _____

J. Are spectators allowed to participate in any of the sponsored events? YES NO

If yes, please explain: _____

K. Are participants required to sign any releases of waivers? YES NO

If so, please attach a copy.

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? _____

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? _____

N. Will applicant allow others to serve alcohol at this event? YES NO

If so, certificates of insurance are required.

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.

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