

GENERAL INFORMATION:

Agency Name _____ # _____
 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

Limit options: \$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. Does the event include overnight camping? [] YES [] NO
D. What is your involvement in the event? Check all that apply: [] SPONSOR [] VENDOR [] ORGANIZER [] PARTICIPANT
E. 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

F. ANY ADDITIONAL INSURED [] YES [] NO
[] Manager or Lessors _____
[] NOC _____

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

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

I. Is there grandstand or bleacher seating? [] YES [] NO
J. 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: _____

K. Are spectators allowed to participate in any of the sponsored events? [] YES [] NO
If yes, please explain: _____

L. Are participants required to sign any releases of waivers? [] YES [] NO
If so, please attach a copy.

M. 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? _____

N. 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? _____

O. 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
 \$100,000/100,000 \$300,000/300,000 \$500,000/500,000 \$1,000,000/1,000,000
- B. What are anticipated alcohol sales for this special event? Beer \$ _____ Wine \$ _____ Liquor \$ _____
- C. What is the anticipated crowd size? _____
- D. During what hours will alcohol be served? _____ to _____
- E. Is a liquor license required for this event? YES NO
- F. Will the servers of the alcoholic beverages be licensed bartenders? YES NO
- G. Will there be law enforcement officers in the immediate area? YES NO
If yes, please explain: _____
- H. Will there be a double fence around the area where alcohol is served? YES NO
- I. Will anyone under the age of 21 be permitted in the area where liquor is served? YES NO
If yes, will wrist bands be used? YES NO
- J. Will ID's be checked? YES NO
- K. Has applicant hosted similar events with the sale of alcohol? YES NO
If yes,
1. Has applicant ever been cited for violation of a law or ordinance relative to the sale of alcohol? YES NO
2. Have there been any fights among patrons during previous events? YES NO
3. Have there been any fights between employees and patrons? YES NO
- L. Does applicant currently have Liquor Liability coverage? YES NO
If yes, provide the name of company: _____
Premium \$ _____
- M. **(Not Applicable In Missouri)** Has applicant ever had liquor liability coverage non-renewed or cancelled? YES NO
- N. Please provide the name and phone number of the contact person in charge of the alcohol sales:
Name: _____ Phone Number: _____
- O. List all claims or occurrences that may give rise to claims for the previous five years:

Special Event Application

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

NOTE:

- **EVENT CANCELLATION COVERAGE IS ONLY AVAILABLE IF NSI IS PROVIDING THE GENERAL LIABILITY COVERAGE FOR THIS EVENT.**
- **COVERAGE MUST BE BOUND AT LEAST 14 DAYS PRIOR TO EVENT**
- **COVERAGE NOT AVAILABLE FOR EVENTS LASTING LONGER THAN 5 DAYS**
- **THIS POLICY DOES NOT PROVIDE COVERAGE FOR LACK OF INTEREST OR LOWER THAN ANTICIPATED ATTENDANCE.**

EVENT CANCELLATION COVERAGE SECTION

A. Event Date(s) and Time(s): _____

B. If additional days will be used for setting up the event, prior to the event, provide those dates here: _____

C. Limit of Insurance*:

\$7,500 \$15,000 \$25,000 \$35,000 \$50,000 \$75,000 \$100,000 \$125,000 \$150,000 \$175,000

*Limits in excess of \$75,000 will require at least 3 years of prior experience and prior event financial information will be required.

D. Select all perils for which you are requesting coverage:

- Severe Wind with Average Sustained Wind Speed over _____ mph
- Newly Fallen Snow measuring at least _____ inches
- Rainfall measuring at least _____ inches
- Extreme Temperatures measuring *greater/less than* _____ degrees Fahrenheit
- Adverse Weather Warning
- Hurricane
- Non-appearance of a performer or speaker named: _____

E. Will the event be held indoors or outdoors? Indoor Outdoor Both

F. Has the applicant held this event previously? YES NO

1. If yes, provide the following:

- a. How many times has applicant previously held this event? _____
- b. Gross Revenue generated at the 3 most recent events (if applicable): _____
- c. Costs/Expenses incurred at the most recent event: _____

2. If no, please describe any experience organizing events: _____

G. Provide the following:

- 1. Expected Gross Revenue generated for this event: _____
- 2. Expected Costs/Expenses for this event: _____

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.

Fraud Warning

Please refer to Acord 63 for state specific fraud warnings.

All Other States: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

Date _____ Time _____ Applicant's Signature _____

Agency Name and Producer's Signature _____

**FRAUD STATEMENTS**

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)