**MCKAY INSURANCE AGENCY, INC. Phone:** **(800) 942-0283**

**Post Office Box 151 Fax**: **(641) 828-2013**

### Knoxville, IA 50138

### E-mail: insurance@mckayinsagency.com

#### SPECIAL EVENT INSURANCE APPLICATION

GENERAL INFORMATION

**1**. Named Insured (Applicant): \_Adventures For The Cure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** **a**. Address:\_\_\_\_\_933 Oakmoor Drive\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_Halethorpe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_MD\_\_\_\_ Zip: \_\_\_21227 \_\_\_\_

**b**. Describe Applicant’s role & responsibility in event: \_\_\_Adventures For The Cure is responsible for

directing and hosting the event.

**3.** Phone: \_\_\_443-223-5740\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_ E-mail: \_\_adventuresforthecure@gmail.com\_\_\_

**4.**

|  |  |  |
| --- | --- | --- |
| **Additional Insured Name** | **Address** | **Interest In Event** |
|  |  |  |
| Howard County, MD, C/O Recreation & Parks | 7120 Oakland Mills RD, Columbia, MD, 21046 | Land owners |
|  |  |  |
|  |  |  |

**5.** **a.** Full schedule/description and purpose of event **(Attach copy of brochure and/or flyer to this application)**

\_\_\_\_see attached\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b.** Is this part of a larger function? \_\_ Yes \_x No If “Yes,” describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**c.** Is there an admission charge? \_\_ Yes \_x No If “Yes,” cost of admission per person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.** **a.** Dates of event: From: \_12\_\_/\_18\_\_/\_2012 To: \_12\_\_/\_18\_\_/\_2012

**b.** Desired coverage dates: From: \_12\_\_/\_18\_\_/\_2012 To: \_12\_\_/\_18\_\_/\_2012

**c.** If event date(s) differ(s) from desired coverage date(s), explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**d.**  Hours of Event: **From:** \_\_8am\_\_ **To:** \_\_5pm If Hours vary by Date, describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7.** Location of event (Name and address) \_6105 Montgomery Road Elkridge, MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location is: \_\_ Private Residence \_\_ Liquor-Licensed Establishment \_\_ Indoors

\_\_ Convention Center \_\_ Stadium x\_ Outdoors

\_\_ Arena \_\_ Fair Grounds \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_

**Attach a diagram of location. If event is held outdoors, indicate fencing, adjacent building, and landscape features.**

**8.** ESTIMATED ATTENDANCE **PER DAY** \_\_475\_\_\_ **TOTAL** \_\_\_\_\_\_\_\_\_\_\_ Average age of attendees: \_\_30\_\_\_

Maximum Capacity of facility \_\_1000\_\_\_\_ Attendance is: \_\_ by Invitation Only x Open to the Public

**9.** Policy Experience: Number of years event has been previously held: \_\_\_\_5\_\_\_\_\_

Actual total attendance for **Prior Year’s** event: \_\_474\_\_\_\_\_\_\_\_\_\_\_

**10.** Premium/Loss Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Policy Year | **20\_\_\_\_** | **20\_\_\_\_** | **20­­­\_\_\_\_** |
|  |  |  |  |
| Total Premium |  |  |  |
| **Carrier & Policy #** |  |  |  |
| **Total # of Claims** |  |  |  |
| **Total $ Paid/Reserved** |  |  |  |

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**11.** Has any insurance carrier cancelled or refused coverage? \_\_ Yes x\_ No

If “yes”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12.** Does facility require a contract for usage? \_x Yes \_\_ No **If “Yes,” provide copy of contract(s).**

**13.** Limits of Liability requested: \_\_ $1,000,000 \_\_ Other \_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMERCIAL GENERAL LIABILITY SECTION

**14.** Will event feature any of the following:

**a.** Rides, mechanical devices, rebounding devices (ie: moonbounce, trampoline)? x\_ Yes \_ No

**b.** Petting Zoo, animal rides? \_\_ Yes x \_ No

**c.** Fireworks/Pyrotechnics? \_\_ Yes x \_ No

**15.** **a.** Are Vendors, Attraction Owners and Performers required to carry their own insurance? \_\_ Yes x No

If “Yes,” what limit is required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b.** Will concessionaires provide you with certificates evidencing products liability with your organization

named as Additional Insured? \_\_ Yes \_\_ No \_ x No Concessionaires

**16.** Who contracts security?: **a.** \_\_ Facility \_\_ Applicant **b.** Number of Security Personnel \_\_0\_\_\_\_\_\_\_\_\_\_

**17.** **a.** Describe security measures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b.** Is security provided by: \_\_ Independent Contractors \_\_ Employees of the Applicant

\_\_ On-Duty Police \_\_ Off-Duty Police \_\_ Guard Dogs

**c.** If security provided by Independent Contractors, are they required to carry their own insurance?

\_\_ Yes \_\_ No

**18.** Number of grandstands, if any: \_\_0\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Permanent \_\_ Temporary

If temporary, list name of firm doing installation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**19.** Seating capacity: \_\_\_0\_\_\_\_\_\_ Construction Type of grandstands: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20.** a. Emergency evacuation plan in place? \_x Yes \_\_ No

b. Qualified medical personnel in attendance? \_ x Yes \_\_ No

c. Ambulance service in attendance? \_ x Yes \_\_ No

**21.** If **MUSICAL/ENTERTAINMENT** event:

|  |  |  |
| --- | --- | --- |
| **Performer/Entertainer Name** | **Type of Music/Program** | **Local or National ?** |
|  |  |  |
|  |  | \_\_ Local \_\_ National |
|  |  | \_\_ Local \_\_ National |
|  |  | \_\_ Local \_\_ National |
|  |  | \_\_ Local \_\_ National |

Is dancing permitted at this event? \_\_ Yes \_\_ No

**22.** If **PARADE** event: **a.** Number of Floats: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **b.** Number of Marching Units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**c.** Length of Parade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **d.** Estimated number of spectators: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**23.** If **ATHLETIC** event: Number of Games: \_\_ bike race\_\_\_\_\_ Number of Spectators: \_\_\_100\_\_\_\_\_\_\_\_\_\_\_

\_\_ Professional? \_ x Amateur? # Youth Participants/Players \_75\_\_\_\_ # Adult Participants/Players \_\_400\_\_\_

**If Athletic Participant Liability required, please contact Frazier Insurance Agency, Inc. for sports application.**

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**LIQUOR LIABILITY x Quotation Required \_\_ Quotation Not Required**

**24.** **ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY:** \_\_\_150\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25.** **a.** Is Applicant sole vendor of alcohol at Event: \_x Yes \_\_ No

If “No,” List number of other Vendors serving alcohol: \_\_\_\_\_\_\_\_\_\_\_\_\_

**b.** Are all participating alcohol Vendors required to carry minimum Liquor Liability Limits for the Event?

\_\_ Yes \_\_ No

If “Yes,” what is the Minimum Requirement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**26. a.** Will alcohol be dispensed by a Professional Bartender? \_\_ Yes x No If “No,” describe how and by

whom alcohol will be dispensed: \_Volunteers whom are over the age of 21 will be checking ID and dispensing beer\_\_

**b.** Describe training and/or experience of persons serving alcohol: \_We use the same volunteer to dispense

the beer every year at our event

**c.** What measures are in place to prevent service of alcohol to minor and/or intoxicated persons?

\_The beer is only allowed in a confined “beer garden area” only those who are over 21 will be allowed in the area and served.

**27. a.** Is Liquor License required for this event? x Yes \_\_ No

**b.** Does Applicant have a valid Liquor License? x Yes \_\_ No

**28. a.** Number of bars or areas at which alcohol will be dispensed at the Event: \_\_\_\_\_1\_\_\_\_\_\_\_\_\_\_\_

**b.** Is alcohol consumption confined to this (these) areas? x Yes \_\_ No If “No,” describe: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**c.** Will there be an open bar? \_\_ Yes \_x No **d.** Will alcohol be sold by the drink? \_\_ Yes x\_ No

**e.** Cost per drink: \_\_$0\_\_\_\_\_  **f.** Is BYOB (Bring your own bottle) permitted? x Yes \_\_ No

**29.** Will food be sold or served? x Yes \_\_ No If “Yes,” describe type of food available: There will be a food

truck vendor at our event

**30.** Estimated **gross receipts** per day: **Alcohol** \_\_$0\_\_ **Food** \_\_\_$1000\_\_\_

**FRAUD STATEMENT:** 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.

**WARRANTY STATEMENT:** I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Applicant (Please Print) Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant Date**

**IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED’S) AUTHORIZED AGENT OR BROKER.**

**NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAIL COMPLETED APPLICATION THROUGH LOCAL AGENT OR BROKER TO:**

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