RON ROTHERT INSURANCE SERVICES

PORTLAND OFFICE

SEATTLE OFFICE

P.O. BOX 13099 PORTLAND, OREGON 97213 (PH) 503 252-5454 OR 800 452-7726 (FX) 503 252-4048 OR 800 473-8731 701 DEXTER AVE. N. SUITE 115 SEATTLE, WA 98109 (PH) 206 281-0944 OR 800 800-6524 (FX) 206 282-7466 OR 800 743-7462

SPECIAL EVENT SUPPLEMENTAL

(Complete in addition to ACORD General Liability Application)

Description of event (at	tach any flyers, brochures, o	atc.):	
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		endance: Sales: \$_	
Length of event:	Estima	ted age group of audience: From	to
		n waiver of liability agreements? I or similar nature:	
Rides: Will rides be provi	ided? ☐ Yes ☐ No If yes	s, type of rides:	
		☐ No Rides inspected? ☐ Yes	
		size limitations? ☐ Yes ☐ No	
Entertainment: Will live	entertainment be provided	Yes No If yes, describe:	
If a concert, type of music		rap ☐ blue grass ☐ country/wes ☐ hard rock ☐ heavy metal ☐ h	
If fireworks are planned, is	s pyrotechnician licensed?	☐ Yes ☐ No	
	ks staging area and audience		
Spectators allowed in fire	works staging area? Yes	□ No	
Security (indicate type ar	nd number of each):		
☐ Independent security or	o	oolice 🖵 Employed se	curity
☐ Chaperons	Is there a written emergence	cy plan in the event of an accident? cate of insurance? ☐ Yes ☐ No	Yes No
Stadiums: Are bleachers	or platforms to be used?	Yes ☐ No If yes, type: ☐ porta	able permanent
Back and side railings pro	wided? Yes No Cor	struction: Wood Steel Co	oncrete
Height in feet:	Age of bleachers or plat	form:	
		itial flying objects? 🖵 Yes 🖵 No	
	e field, track or pit area? 🛚		
	clearly audible in all parts of		
		public address system? ☐ Yes ☐	l No
		affic control?	
		areas and exit roads? Yes	
Is parade route able to ha	ndle size and height of float	s and are cross streets barricaded?	Yes No
Liquor: Is liquor to be ser	ved by applicant? Yes	No If yes, explain:	
Does applicant want: H	lost Liquor Liquor Liabilit	y (available in selected states only)
Is liquor to be served by o	thers? I Yes I No If yes	s, do they have Liquor Liability cov	erage? D Yes D No
First Aid: Will first aid fac	ilities be provided at the eve	ent? Yes No If yes, describ	oe:
If yes, who will be in charge	e of the facilities? Docto	rs 🗆 Nurses 🗅 Others:	
If applicant is the sponso carrier:	or, does the operator have	liability insurance? ☐ Yes ☐ No	If yes, name of insurance
Hold-harmless Agreeme	nts: Is applicant held harmle	ess by others? Yes No	
Does applicant agree to he	old any third party harmless	? Yes No If yes, who?	
'LICANT'S SIGNATURE _		DATE	