

- ☐ Western World Insurance Company  
☐ Tudor Insurance Company  
☐ Stratford Insurance Company

**Application  
For  
Special Event Liability**

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**GENERAL INFORMATION:**

1. Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Applicant's Web Site Address: \_\_\_\_\_
2. Applicant is: ☐ Individual ☐ Corporation  
☐ Partnership ☐ Other (Explain) \_\_\_\_\_  
Applicant's interest in this event? \_\_\_\_\_  
Names of other individual(s) or group(s) taking part in or sponsoring this event: \_\_\_\_\_
3. Location where event is to take place:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Location is: ☐ Arena ☐ Convention Center ☐ Fairgrounds  
☐ Public Park ☐ Private Residence ☐ Stadium  
☐ Other (Describe)\* \_\_\_\_\_
- Event is being held: ☐ Indoor ☐ Outdoor
5. Type of event?  
☐ Concert/Musical Performance ☐ Picnic  
☐ Fund Raiser ☐ Convention/Trade Show  
☐ Parade ☐ Company Picnic  
☐ Sporting Event ☐ Political Event  
☐ Other (describe)\* \_\_\_\_\_

Give full description of events and schedules, and purpose of event. **(Attach copy of brochure and/or flyer)\***

Web site address: \_\_\_\_\_

Is this part of a larger event? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

6. Dates of Event: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Hours of Event: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Effective Dates Desired: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*If multiple event dates, attach schedule.**

7. Is there an admission fee? ☐ Yes ☐ No  
If yes, what is the price of admission? \_\_\_\_\_ Estimated gross receipts: \_\_\_\_\_  
Is admission: ☐ General Admission ☐ By invitation only  
Total estimated attendees per day \_\_\_\_\_ Total estimated for event: \_\_\_\_\_  
What is maximum capacity of location holding event? \_\_\_\_\_  
Average age of attendee is: \_\_\_\_\_

8. What type of seating will be provided? ☐ Bleachers ☐ Open Field ☐ Grandstand ☐ Stadium  
☐ Other \_\_\_\_\_
- Is seating: ☐ Temporary ☐ Permanent
- If temporary, who is responsible for set up? \_\_\_\_\_
9. Are there any water hazards present? ☐ Swimming Pool ☐ Lake ☐ Pond  
☐ Other (describe) \_\_\_\_\_

### EVENT HISTORY:

10. Has this event taken place before? ☐ Yes ☐ No  
 How many years? \_\_\_\_\_  
 What was the previous attendance? \_\_\_\_\_
- Has applicant had previous insurance for this or any similar event? ☐ Yes ☐ No
- Prior carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_
- Have there been any losses in the past five years? ☐ Yes ☐ No

**If yes, please attach company hard copy currently valued loss runs.**

### GENERAL LIABILITY:

11. Limits of Liability Requested: \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
12. Name of any Additional Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Additional Insured's interest in this event: \_\_\_\_\_
13. Will there be any live music? ☐ Yes ☐ No  
**If yes, what type of music?** \_\_\_\_\_  
 Provide name of entertainer: \_\_\_\_\_  
 Any other type of entertainment? ☐ Yes ☐ No  
**If yes, please describe** \_\_\_\_\_
- Any stage pyrotechnics? ☐ Yes ☐ No  
 If yes, ☐ Indoor ☐ Outdoor
- Do you require all musicians/entertainers to provide you with a Certificate of Insurance? ☐ Yes ☐ No
- What limits of liability do you require? \_\_\_\_\_
- Are you named as an Additional Insured? ☐ Yes ☐ No
14. Describe any electrical or stage construction work performed by or for the proposed insured\*: \_\_\_\_\_  
 \_\_\_\_\_
15. If a sporting event, advise: # of participants \_\_\_\_\_ ☐ Professional ☐ Amateur  
 Age of participant: \_\_\_\_\_ Under 18 \_\_\_\_\_ Over 18 \_\_\_\_\_  
 # of games \_\_\_\_\_ # of races \_\_\_\_\_
- Is coverage desired for participants? ☐ Yes ☐ No
- Describe distance and protection between spectators and participants (**attach diagram**)\*: \_\_\_\_\_  
 \_\_\_\_\_
- Describe any participation by spectators: \_\_\_\_\_
16. If a political event, advise: ☐ National event ☐ State event ☐ Local event  
 Name of political figure and title: \_\_\_\_\_  
 Describe purpose of event: \_\_\_\_\_

17. Will there be carnival or amusement type rides? ☐ Yes ☐ No  
**If yes, please provide a list of carnival/amusement rides including inflatables\*** \_\_\_\_\_
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- Do amusement ride operators carry own insurance? ☐ Yes ☐ No  
 If so, at what limits \_\_\_\_\_? ☐ GL ☐ Work Comp  
 Do you require Certificate of Insurance from all operators? ☐ Yes ☐ No  
 Do you require all operators to name you as an Additional Insured on their policy? ☐ Yes ☐ No
18. Will there be any animals on display or petting zoos? ☐ Yes ☐ No  
**If yes, please provide details and list of animals\*** \_\_\_\_\_  
 Any saddle animals or carriage rides? ☐ Yes ☐ No  
 If yes, please provide details \_\_\_\_\_
19. Describe types of products sold or displayed by concessionaires: \_\_\_\_\_  
 How many concessionaires will be attending event? \_\_\_\_\_  
 Will alcohol be served? ☐ Yes ☐ No If yes, by applicant or independent vendors? \_\_\_\_\_  
 Will Liquor Liability coverage be obtained? ☐ Yes ☐ No If yes, at what limits? \_\_\_\_\_  
 Do you require all concessionaires to provide you with a Certificate of Insurance? ☐ Yes ☐ No  
 What limits of liability do you require? \_\_\_\_\_  
 Are you named as an Additional Insured? ☐ Yes ☐ No
20. Will there be any firework displays? ☐ Yes ☐ No  
 Name of pyrotechnician: \_\_\_\_\_  
 Licensed? ☐ Yes ☐ No  
 Any affiliation between organization and pyrotechnician? ☐ Yes ☐ No  
**If yes, please provide details** \_\_\_\_\_  
 Will fire department and ambulance be on hand? ☐ Fire ☐ Ambulance  
 Provide name and address of person or organization putting on display: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Do you require them to provide you with a Certificate of Insurance? ☐ Yes ☐ No  
 What limits of liability do you require? \_\_\_\_\_  
 Are you named as an Additional Insured? ☐ Yes ☐ No
21. Describe type of Security and measures provided: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Who provides Security?  
☐ Employees of Applicant ☐ Local or State Police ☐ Independent Firm or Contractor  
☐ Armed ☐ Unarmed  
 If Independent Firm/Contractor:  
 Do you require them to provide you with a Certificate of Insurance? ☐ Yes ☐ No  
 What limits of liability do you require? \_\_\_\_\_  
 Are you named as an Additional Insured? ☐ Yes ☐ No

### **FIREWORKS WARRANTY CLAUSE**

- All fireworks will be displayed not less than 50 yards away from spectators and automobile parking lots.
- All displays will be aimed away from spectators and parking areas.
- A test display will be shot into the air at least one hour before the actual display.
- Fireworks that have been wet prior to the display will not be used.
- All fireworks will be purchased from a USA Distributor or Manufacturer.
- Area will be policed for all debris upon completion of firing the display and policed and inspected for debris again the next morning.
- Pyrotechnicians are specifically excluded from all liability coverage.

22. Do you understand that the above warranty will become a part of any fireworks liability coverage issued:

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Producing Agent: \_\_\_\_\_

**\*IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET.**