

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

**Application  
For  
Special Event Liability**

**GENERAL INFORMATION:**

1. Name of Applicant: Harley Glayzer  
Mailing Address: 1515 East Saint Patrick Street Lot 238  
City: Rapid City State: SD Zip: 57703  
Applicant's Web Site Address: http://wimp.ryott.gay/index.html
2. Applicant is: ☒ Individual ☐ Corporation  
☐ Partnership ☐ Other (Explain) \_\_\_\_\_  
Applicant's interest in this event? Organizer  
Names of other individual(s) or group(s) taking part in or sponsoring this event: \_\_\_\_\_
3. Location where event is to take place:  
Street: 209 New York Street  
City: Rapid City State: SD Zip: 57701
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)\***  
Is attached as separate PDF. Also available online as <http://wimp.ryott.gay/citydoc.html>

Web site address: http://wimp.ryott.gay/gsd.html

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

If yes, please describe:\*

6. Dates of Event: From 21 / Jun / '24 To: 21 / Jun / '24  
Hours of Event: From 11 / AM / To: 10 / PM /  
Effective Dates Desired: From 21 / Jun / '24 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 100 Total estimated for event: 100  
What is maximum capacity of location holding event? Outdoor event. No max capacity available  
Average age of attendee is: 25

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? 2  
What was the previous attendance? 50-100  
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: \$ 2,000,000 / 1,000,000 / \_\_\_\_\_
12. Name of any Additional Insured: City of Rapid City  
Mailing Address: 300 6th Street Rapid City SD 57701  
Additional Insured's interest in this event: Owner of Park
13. Will there be any live music? ☒ Yes ☐ No  
**If yes, what type of music?** rock, indie rock, folk,  
Provide name of entertainer: unknown  
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\*: \_\_\_\_\_  
One stage described in the attached PDF, and speakers/PA
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**)\*: 10ft  
\_\_\_\_\_  
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\*** \_\_\_\_\_
- 
- 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: Food Truck  
 How many concessionaires will be attending event? 1 or 2  
 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: Direct communication with city police,  
mental health specialist volunteer to de escalate any situations  
 \_\_\_\_\_  
 \_\_\_\_\_
- 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: \_\_\_\_\_

*Harley Glayson*

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

Date: 02 Apr 2024

Producing Agent: William Morrison

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