

14. Loss information for the past three years:

Policy Year	19____	20____	20____
Total Premium			
Total Insured Claims			
Description of Claims			

15. Describe security protection: _____

Who contracts security? Facility Applicant

Hold Harmless? Yes No If "yes", please provide copy

16. Number of grandstands, if any: _____ Permanent Temporary

Type of construction: _____ Seating capacity: _____

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

Emergency evacuation plan in place? Yes No

Qualified medical personnel in attendance? Yes No

Ambulance service in attendance? Yes No

18. What concessions will be sold? _____

19. Will alcoholic beverages be served? Yes No

20. Will alcoholic beverages be sold? Yes No

If "yes", estimated receipts: \$ _____

21. Will concessionaires provide you with certificates evidencing products liability with your organization named as Additional Insured?

Yes No No Concessionaires

22. Will any other underlying coverage be provided? Yes No

If "yes", please explain: _____

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.

Signature of Applicant

Date

Producer (Official Use Only)