

Myers-Stevens & Toohey & Co., Inc. 26101 Marguerite Parkway Mission Viejo, CA 92692-3203 T: 949.348.0656 • F: 949.348.2630

SPECIAL EVENT INSURANCE APPLICATION

	Named Insured/Organization:								
	Address:								
	City:	State:	Zip:						
3.	Phone: Fax:	E-mail:							
ŀ.	Contact Person:	Title:							
5.	Name and address of Additional Insured(s) and their interest:								
	a								
	b								
3.	Complete description of event/activity:								
7.	Estimated attendance/participants/members:	Age 12 & under Age 16-18							
3.	Ticket price: # of events:								
).	Desired effective date: Desired termination date:								
).	If the event is a concert, what type of music will be performed:								
	DESIRED COVERAGE	LIMITS REQUESTED							
	o General Liability*	\$							
	o Equipment o Excess Liability	\$ \$							
	o Other:	\$							
	*This coverage excludes bodily	injury claims from athletic	injury						
2.	Does the applicant now carry insurance of this type? o Yes o No								
	If "yes", please advise name of insurance company: and attach copy of policy, certificate, or brochure.								
3.	Has any insurance carrier cancelled or refused coverage? o Yes o No								
	If "yes", please explain:								

Loss information for t	he past three years:					
cy Year	19		20		20	
al Premium						
cription of Claims						
	<u>I</u>					
Describe security protection:						
Who contracts security? o Facility o Applicant						
Hold Harmless? o Yes o No If "yes", please provide copy						
Number of grandstan	ds, if any:		o Perm	anent	o Temporary	
Type of construction:			Seating capaci	ty:		
Attach a diagram of lefeatures.	ocation. If event is held outd	loors, ind	icate fencing, ad	jacent buildi	ng, and landscape	
Emergency evac	uation plan in place?	o Yes	o No			
Qualified medical	personnel in attendance?	o Yes	o No			
Ambulance servi	ce in attendance?	o Yes	o No			
What concessions wi	Il be sold?					
Will alcoholic beverage	ges be served?	o Yes	o No			
Will alcoholic beverage	ges be sold?	o Yes	o No			
If "yes", estimated re	ceipts: \$					
Will concessionaires provide you with certificates evidencing products liability with your organization						
named as Additional	insured?	o Yes	o No o N	o Concessio	onaires	
Will any other underly	ying coverage be provided?	o Yes	o No			
If "yes", please expla	in:					
OWLEDGE, IS TRUE E QUESTIONS AND IDERSTAND THIS A NTRACT AND EVIDE SIFICATION OR MIS DING ALL INSURAN IS UNDERSTOOD AN IS BE BINDING EITH	AND CORRECT, AND FANSWERS ON THIS APPLICATION IS A REQUENCE OF MY ACCEPTANT SREPRESENTATION WILL COVERAGE. ID AGREED THAT THE CER TO THE PROPOSED	URTHE PLICATI JIREMEI NCE OF LL BE D COMPLE INSURE	R CERTIFY THON. NT FOR COVE THIS INSURAL DEEMED A BRI ETION OF THIS ED OR THE CO	RAGE, A I NCE, AND EACH OF	PART OF THE ANY CONTRACT,	
	Describe security pro Who contracts security Hold Harmless? Number of grandstan Type of construction: Attach a diagram of lefeatures. Emergency evace Qualified medical Ambulance service What concessions wi Will alcoholic beverage Will alcoholic beverage If "yes", estimated re Will concessionaires pramed as Additional Will any other underly If "yes", please explain EREBY WARRANT AD DWLEDGE, IS TRUE EQUESTIONS AND SIFICATION OR MIS SIFICATION OR MIS SIFICATION OR MIS SUNDERSTOOD AND THE BINDING EITHI	Describe security protection: Who contracts security? o Facility Hold Harmless? o Yes o No If "yes", ple Number of grandstands, if any: Type of construction: Attach a diagram of location. If event is held outdeatures. Emergency evacuation plan in place? Qualified medical personnel in attendance? Ambulance service in attendance? What concessions will be sold? Will alcoholic beverages be served? Will alcoholic beverages be sold? If "yes", estimated receipts: \$ Will concessionaires provide you with certificates on amed as Additional Insured? Will any other underlying coverage be provided? If "yes", please explain: EREBY WARRANT AND CONFIRM THAT THE OWLEDGE, IS TRUE AND CORRECT, AND FE QUESTIONS AND ANSWERS ON THIS APPLICATION IS A REQUITE AND EVIDENCE OF MY ACCEPTANT SIFICATION OR MISREPRESENTATION WILL INSURANCE COVERAGE.	Describe security protection: Who contracts security? o Facility o Applicant Hold Harmless? o Yes o No If "yes", please provi Number of grandstands, if any: Type of construction: Attach a diagram of location. If event is held outdoors, ind features. Emergency evacuation plan in place? o Yes Qualified medical personnel in attendance? o Yes Ambulance service in attendance? o Yes Ambulance service in attendance? o Yes Will alcoholic beverages be served? o Yes Will alcoholic beverages be sold? Will concessions will be sold? Will concessionaires provide you with certificates evidencin named as Additional Insured? Will any other underlying coverage be provided? o Yes If "yes", please explain: EREBY WARRANT AND CONFIRM THAT THE ABOV DWLEDGE, IS TRUE AND CORRECT, AND FURTHEE QUESTIONS AND ANSWERS ON THIS APPLICATION IS A REQUIREMEINTRACT AND EVIDENCE OF MY ACCEPTANCE OF SIFICATION OR MISREPRESENTATION WILL BE DING ALL INSURANCE COVERAGE. BUNDERSTOOD AND AGREED THAT THE COMPLETED INSURE	Describe security protection: Who contracts security?	Describe security protection: Who contracts security? o Facility o Applicant Hold Harmless? o Yes o No If "yes", please provide copy Number of grandstands, if any: O Permanent Type of construction: Attach a diagram of location. If event is held outdoors, indicate fencing, adjacent buildifeatures. Emergency evacuation plan in place? o Yes o No Qualified medical personnel in attendance? o Yes o No Ambulance service in attendance? o Yes o No What concessions will be sold? Will alcoholic beverages be served? o Yes o No Will alcoholic beverages be served? o Yes o No If "yes", estimated receipts: \$ Will concessionaires provide you with certificates evidencing products liability with your named as Additional Insured? O Yes o No o No Concession Will any other underlying coverage be provided? o Yes o No If "yes", please explain: EREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE EQUESTIONS AND ANSWERS ON THIS APPLICATION. IDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A INTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND SIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF COURAGE. BUNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION IS BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY U	

Date

Signature of Applicant

Producer (Official Use Only)