



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
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SPECIAL EVENTS

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer Name: _____ Producer Phone Number: _____

Producer Email: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a complete Claims and Loss History form including details.

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Limit of Liability:

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

E. Business Activities

a. Person providing accounting and tax services:

a. Name: _____

b. Address: _____

b. Are you interested in single event coverage, or an annual policy where multiple events are provided coverage? Single Annual with multiple events

3. Please provide answers to the following for the event (if annual coverage is requested, provide this information for EACH event):

- a. Date(s) for which coverage is desired: _____
- b. Date(s) for all scheduled event(s): _____
- c. Name of event(s): _____
- d. Location of each event: _____
- e. Facility was originally used for? _____
- f. Is location temporary or permanent? Temporary Permanent
- g. Attach exact schedule of events, meetings, gatherings, or participants, etc.
- h. Description of event(s): _____

- i. If there is a website related to the event(s) (a promotional website, etc.), list the website address here. If not, indicate "not applicable." _____
- j. Is event indoors or outdoors? Indoors Outdoors
If outside:
- i. Is area fenced or otherwise enclosed and controlled? Yes No
- ii. Will event end two hours prior to sundown? Yes No
- k. Has similar event taken place? Yes No
Explain experience: _____

- l. Is seating reserved or general admission? Reserved General Admission Both
- m. Are seats of temporary or permanent construction? Temporary Permanent
- n. Describe construction and seating capacity: _____

- o. Are any Additional Named Insureds required? Yes No
If yes, please attach a list of Additional Insureds requested, and include the name, address, contact person's name, and contact information.
- p. Will there be any exhibitions, demonstrations, parades or other associated activities with the event(s)? Yes No
If yes, describe completely: (Attach list of each booth with descriptions of products or activities.) _____

- q. Is a stage involved? Yes No
If yes:
- i. Is stage permanent or temporary? Permanent Temporary
- ii. Minimum distance spectators are kept from the stage? _____
- r. Are ushers used? Yes No
If yes:
- i. How many? _____
- ii. Who provides them? _____
- s. Number of vendors' trade booths? _____
- t. Are vendors required to provide proof of insurance? Yes No
If yes, what limit is required? _____
- u. How is the event being advertised? _____

SPECTATORS

- a. Number of performances? _____

- b. Dates and times of performances? _____
- c. Seating capacity per performance? _____
- d. Estimated attendance/spectators per performance? _____
- e. Price of admission? Children \$ _____ Student \$ _____ Adult \$ _____
- f. Estimated gross receipts? \$ _____
- g. Estimated payroll? \$ _____

NOTE: This policy does not provide worker compensation. Coverage must be provided separately. Participants, volunteers, concessions, and sponsors, etc., are excluded from coverage.

- h. Estimate total attendance all performances: _____

NOTE: Participants coverage is normally excluded from all standard policies. Participants Legal Liability may be provided separately to protect insured in the event a participant brings suit. If coverage should be quoted to include participants at a reduced benefit please provide the following:

- i. Estimate number of participants? _____
- j. Do some participants compete in two or more classes? Yes No
If yes, explain: _____

- k. Describe different categories of classes of competition and provide breakdown of participants by class, type of event, etc. _____

l. Charge per participant:

- i. \$ _____ class # _____
- ii. \$ _____ class # _____
- iii. \$ _____ class # _____

- m. Are persons under 18 years old allowed to participate? Yes No
If so, how old? _____

- n. Describe completely classes, restrictions, and attach a copy of release form used to obtain guardian permission, etc. _____

- o. Are all participants required to complete and sign a release? Yes No

- p. Please describe rules of participation and how participants are informed, disclosure of risks inherent to the activity, warned in writing of hazards, are pre-event meetings held, describe other safety precautions taken:

- q. Estimate number of other participants by class (mechanics, announcers, judges, registration, etc.), and identify other persons allowed in restricted participants areas: _____

VOLUNTEERS

- a. Maximum number of volunteers? _____
- b. Expected number of volunteers? _____
- c. Minimum age of volunteers? _____
- d. Requirements to be a volunteer? Explain: _____

- e. Explain instructions given to volunteers. _____

- f. Describe completely duties and expectations of all volunteers. _____

NOTE: All Volunteers must complete and sign an Agreement and Release of Liability Form assuming the risks inherent and associated with the risk. Please provide a copy of the agreement and release form to be used.

SUBCONTRACTED PROVIDERS OR SERVICES

- a. The below categories are services or equipment which may be sub-contracted or performed by you or your organization. Check all boxes for services or equipment being performed by Sub-Contractors:
- Food Concession Beverage Concession Liquor(include beer, wine)
- Bleachers or Scaffolds Stages, etc. Security
- Construction Services Tow Vehicles or other Temporary Lighting
- Fireworks Equipment
- b. Please provide specific descriptions of any other Sub-Contractors not listed above: _____

- c. Please provide name, phone number and proof of insurance for all Sub-Contractors.

NOTE: It is critical to verify and obtain proof of insurance and limit of liability from all Sub-Contractors or you will be held liable and be without insurance.

- d. Food and drink provided by? _____
- i. Name of liquor provider: _____
Please note: Beer Wine Hard Liquor
- ii. Explain relationship in detail. _____

- iii. If coverage is desired, what are the estimated gross receipts?
Food \$ _____ Alcohol \$ _____

KEY PERSONNEL

- a. Key personnel can make a big difference in said event. Please attach a resume and background information on all key personnel associated with the event.
- b. Name of event coordinator: _____
- i. Address: _____
- ii. City: _____ State: _____
- iii. Phone:() _____ Fax:() _____
- iv. E-mail: _____

- c. Name of person(s) in charge of and responsible for safety: _____
- i. Address: _____
- ii. City: _____ State: _____
- iii. Phone: () _____ Fax: () _____
- iv. E-mail: _____

EMERGENCY MEDICAL PLANS

- a. Describe completely the emergency medical evacuation plans, affected for this event. Attach additional sheets if necessary. _____

PARTICIPANT EQUIPMENT (PER EVENT) CHECK, TECH, ETC.

- a. Describe completely (per event) the inspection and technical equipment check of participants' equipment. _____

- b. Name any Professional Association or Group you are a member of or affiliated with.
 - i. Name: _____
 - ii. How long? _____
 - iii. Address: _____
 - iv. City: _____ State: _____
 - v. Phone: () _____ Fax: () _____
 - vi. E-mail: _____

VERY IMPORTANT

1. Attach copies of all leases and/or hold harmless agreements in effect
2. Attach copy of any brochure, fliers, etc., used for this event.
3. Include diagrams showing specific location(s); noting exact distances; and identifying set up procedures for all facilities. The diagrams must include, and clearly identify spectator areas, transition areas, medical tent, and location of medical service vehicle, staging areas, concession stands, and distances between each location. A complete layout is required.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Applicant:

Agent/Broker:

Dated: _____

Dated: _____

Signature

Signature

Print Name

Print Name