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SPECIAL EVENT LIABILITY APPLICATION

A. INSURED INFORMATION

1. Insured Company Name (Applicant): _____
2. Contact Name: _____
3. Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Phone: _____ Fax: _____ E-mail: _____

B. EVENT INFORMATION (Attach a copy of event brochure and/or flyer to this Application)

6. Event Name: _____
Event Website: _____
Event Description: _____

7. Venue Name: _____
Venue Address: _____
City/State/Zip Code: _____
8. Event Start Date: _____ Event End Date: _____
9. Coverage Start Date: _____ Coverage End Date: _____

If the coverage start date is more than 5 days before the event start date OR the coverage end date is more than 5 days after the event end date, please explain:

10. Is the Event Outdoors? Yes No
11. How many years has this event be held under the present management (if never, enter 0)? ____
12. During this time has the insured had any claims regarding this event? Yes No

13. Type of Event: (check below as applicable)

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Art & Craft Festival | <input type="checkbox"/> Auction | <input type="checkbox"/> Beauty Pageant/
Fashion Show | <input type="checkbox"/> Concert
(see No. 17-20) | <input type="checkbox"/> Chamber of Commerce
event |
| <input type="checkbox"/> Consumer
Show | <input type="checkbox"/> Convention | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Fair/Festival | <input type="checkbox"/> Fundraiser |
| <input type="checkbox"/> Graduation | <input type="checkbox"/> Meeting/Luncheon/Seminar | <input type="checkbox"/> Music Festival
(see No. 17-20) | <input type="checkbox"/> Party | |
| <input type="checkbox"/> Picnic
(see No. 19 & 20) | <input type="checkbox"/> Political Rally | <input type="checkbox"/> Reception | <input type="checkbox"/> Sporting Event
(excludes Participants see No. 22) | |
| <input type="checkbox"/> Walk-a-thon | <input type="checkbox"/> Wedding/Reception | | | |

*If Other Event Type than Listed Above: _____

14. If Concert, Type:

- | | | | | |
|------------------------------------|------------------------------------|---------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Classical | <input type="checkbox"/> Comedy | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Country | <input type="checkbox"/> Gospel/Jazz |
| <input type="checkbox"/> Opera | <input type="checkbox"/> Orchestra | <input type="checkbox"/> R&B | <input type="checkbox"/> Rock | <input type="checkbox"/> Symphony |

15. Name of Performer(s):

16. Is seating assigned? : Yes No

17. Please describe event type:

(Event description details are required. Please provide a complete description of events and activities associated with the insured event. The more comprehensive the information provided, the quicker the quote process will be).

18. Maximum Daily Attendance: _____ Total Attendance: _____

Gross Revenue: \$ _____ Expenses: \$ _____

19. Will any of the events include any of the following? Please check all that apply indicating whether the applicant, vendor, or subcontractor will be the responsible party.

	Applicant	Vendor/Exhibitor	Subcontractor
Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals (other than pet contests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cattle Drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firearms/Ammunition/Weapons of any Kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Amusement Rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorsports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Water Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| Parade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rock Climbing Walls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rodeos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tattooing/Body Piercing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Temporary skating/skiing/skateboarding structures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trail Rides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20. Do you require all Vendors/Exhibitors managing any of the above indicted activities to have their own liability insurance in place listing you as Additional Insured? Yes No
21. Will any of the events occur in a bar or nightclub? Yes No
- If Yes, are those events occurring in a bar of nightclub open to the public? Yes No
22. Does the applicant hire any subcontractors for these insured event(s)? Yes No
23. Do these subcontractors carry their own insurance naming you as Additional Insured? Yes No
24. Will there be security at the insured event(s)? Yes No
25. Who is responsible for providing the security? Venue Applicant Other Police

If Other: Does the security company carry its own insurance naming you as Additional Insured?
Yes No

If No, please explain: _____

26. Will there be temporary structures installed/built for your event?
Yes No
- If yes, who is responsible for installing the temporary structures?
_____Insured _____Third party that names the Insured as Additional Insured

27. Required Limits:
- \$1M Per Occurrence / \$2M Aggregate
 - \$2M Per Occurrence / \$2M Aggregate
 - \$3M Per Occurrence / \$3M Aggregate
 - \$4M Per Occurrence / \$3M Aggregate
 - \$5M Per Occurrence / \$5M Aggregate

If larger limits are required, please specify: _____

C. LIQUOR LIABILITY COVERAGE:

28. Is Liquor Liability Required? Yes No (If Yes, please fill out section below)

Please note, if Insured is not either serving or selling the liquor, the additional liquor coverage is not required.

Will alcohol be served by a Licensed bartender? Yes No

If No, who will be serving the alcohol? _____

Describe training and/or experience of persons serving the alcohol: _____

Average age of attendees: _____

What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons?

Does the Applicant have a valid liquor license? Yes No

Will there be an open bar? Yes No

Will alcohol be sold by the drink? Yes No

Is BYOB (bring your own bottle) allowed? Yes No

Estimated alcohol gross receipts? \$ _____

D. HIRED/NON-OWNED AUTO COVERAGE:

29. If Hired/Non-Owned Auto Required? Yes No (If Yes, please fill out section below)

Check here if you are required by contract to acquire Hired/Non-Owned Auto **and you are not being loaned, rented or leased any vehicles** (If checked, please do not complete the rest of this section)

Amount being charged to rent or lease the vehicle(s) \$ _____

Are all drivers at least 25 years of age? Yes No

Do all drivers have a valid United States driver's license? Yes No

Do any of the hired vehicles seat more than 12 people? Yes No

What will the vehicles be used for? _____

E. ADDITIONAL INSURED(S):

30. Are Additional Insured(s) Required? Yes No (If Yes, please fill out section below)

1. Additional Insured Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Associated Event(s): _____

2. Additional Insured Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Associated Event(s): _____

F. WAIVER OF SUBROGATION:

31. Does your contract require a "waiver of subrogation"? Yes No (If Yes, please fill out section below)

What is the name of the entity requesting the waiver of subrogation? _____

What is their involvement in the event? _____

G. INLAND MARINE COVERAGE:

32. Is Inland Marine coverage required? Yes No (If Yes, please fill out section below)

What type of property do you need coverage for? _____

What is the value for this property? \$_____

Will the property be stored overnight? Yes No

If Yes, please provide details on how it will be stored: _____

Will the Insured be responsible for transporting the property? Yes No

If Yes, please describe how it is transported: _____

If No, who is transporting the property: _____

Will the property stay in the possession of the Insured at all times prior to returning to rental company?

Yes No

If No, please explain: _____

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

PRINT NAME OF APPLICANT

TITLE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF BROKER

DATE