



GENERAL INFORMATION

Named Insured: _____

Applicant's name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____

Contact Person: _____ Title of Contact: _____

List any Additional Insureds:

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

LIABILITY INFORMATION

Desired effective date: _____ Desired termination date: _____

Required Spectator & Participant Liability: \$1,000,000 occ / \$2,000,000 agg

Excess Liability: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Require Non-Owned/Hired Automobile coverage? Yes No

Require Abuse/Molestation coverage? Yes No

Total Liability Requested: _____

*Total is required liability plus chosen excess liability, if any.

Excess Accident Medical Requested: \$10,000 \$25,000 \$50,000 \$100,000

Does the applicant now carry insurance of this type? Yes No If Yes, please advise name of insurance company: _____

Has any insurance carrier cancelled or refused coverage? ___ Yes ___ No

If Yes, please explain: _____

Please describe any loss information for the past three years: _____

EVENT INFORMATION

Complete description of event/activity: _____

Estimated participants: _____ Age 12 & Under _____ Age 13-15

_____ Age 16-18 _____ Adults

Ticket price: _____ Number of Events: _____

Describe security protection: _____

Who contracts security? Facility Applicant

Hold Harmless? Yes No

Number of grandstands, if any: _____ Permanent Temporary

Type of construction: _____ Seating capacity: _____

Emergency evacuation plan in place? Yes No

Qualified medical personnel in attendance? Yes No

Ambulance service in attendance? Yes No

What concessions will be sold? _____

Will alcoholic beverages be served? Yes No

Will alcoholic beverages be sold? Yes No

If Yes, provide estimated liquor sales: _____

Will concessionaires provide you with certificates evidencing products liability with your organization named as Additional Insured? Yes No No Concessionaires

WARRANTY STATEMENT

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 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.

Name of Applicant: _____ Title: _____

Signature of Applicant: _____ Date: _____

FOR BROKER USE ONLY

Name of Authorized Agent or Broker: _____

Name of Agency: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____