

SPECIAL EVENTS

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

APPLICANT NAME: <small>(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)</small>			
FEIN	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other		
TYPE OF EVENT	<input type="checkbox"/> Fundraiser <input type="checkbox"/> For Profit <input type="checkbox"/> Private Club/Organization <input type="checkbox"/> Commercial Sponsored Event		
Mailing Address:			
Website Address:			
E-Mail Address:			Phone #:
Event Name:			
Event Address:			
Event Location Type:	<input type="checkbox"/> Fairgrounds <input type="checkbox"/> Stadium/Arena <input type="checkbox"/> Convention Center <input type="checkbox"/> Private Residence <input type="checkbox"/> Other (describe):		
Description of Event:			
Set Up/Tear Down Days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Set Up Date:	Tear Down Date:
Actual Event Dates:	Start:	End:	TOTAL # OF EXPOSURE DAYS:
Submission requirements for all Operations:			
<input type="checkbox"/>	Copies of Advertising Materials:		
<input type="checkbox"/>	3 Years of Loss Runs from Prior Carriers		

ADDITIONAL INSURED (As they are to appear on the Policy)		Check Here if None: <input type="checkbox"/>
Name	Address	Relationship to you

PRIOR CARRIER INFORMATION FOR SAME EVENT			
NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

HAVE YOU HAD ANY INCIDENTS OR CLAIMS IN THE PAST 5 YEARS: <input type="checkbox"/> YES / <input type="checkbox"/> NO (If yes please provide details below)	
	\$
	\$

REVENUE / ATTENDANCE / SCHEDULE BREAKDOWN	
Daily Attendance:	Total Attendance:
Total Receipts:	Liquor Receipts:
Daily Hours of Event:	Daily Hours of Liquor Sales:

ALL OPERATIONS MUST BE DECLARED – Please check all operations

TYPE OF EVENT			
Anniversary Parties		Drill Team Exhibitions	Picnics - No Pool/Lake
Antique Shows		Educational Exhibitions	Picnics with Pool/Lake
Art Festivals		Electronics Conventions	Professional Sporting Activities
Art Shows		Exhibitions	Professional/Amateur Assoc. Meetings
Auctions		Fashion Shows	Proms
Auto/Motorcycle Shows		Festivals/Cultural Events - Indoors	Reunions - Indoors
Award Presentations		Festivals/Cultural Events - Outdoors	Reunions - Outdoors
Ballets/Classical Dance Shows		Festivals and Fairs - No rides	Rodeo and Roping Events
Banquets		Film Production	Rummage Sales
Baseball		Film Showings	RV Shows
Basketball		Fishing Events	School Band Competitions or Events
Bazaars		Flower Shows	Scouting Jamborees – No Camping
Beauty Pageants		Garden Shows	Séances
Bingo Games		Graduations - Ceremonies	Seminars
Birthday Parties		Hockey, and Football Games	Sidewalk Sales
Boat Shows		Home Shows	Social Gathering - Outdoor
Body Building Contests		Ice Skating Shows	Social Receptions
Boxing (Amateur only)		Jam & Jazz Shows - Indoors	Softball Events
Business Meetings		Jam & Jazz Shows - Outdoors	Speaking Engagements
Business Shows		Job Fairs - Indoors	Sporting Events in Buildings - non Professional
Casino and Lounge Shows		Job Fairs -Outdoors	Swap Meets
Charity Benefits, Auctions, Sales		Junior Athletic Games	Swimming Events
Church Services or Meetings		Ladies Club Events	Symphony Concerts
Christmas Tree Lots		Lectures	Teleconferences
Civic Clubs & Group Meetings		Luncheons	Telethons
Concerts - Indoors		Marathon (walking, running, etc.)	Theatrical Stage Performances
Concerts - Outdoors		Martial Arts Matches - (Amateur only)	Trade Shows - Indoor
Concession Kiosks		Meetings - Indoors	Trade Shows - Outdoor
Consumer Shows		Meetings - Outdoors	Vacation Shows
Conventions in Buildings		Mobile Home Shows	Volleyball Events
Country Western Events		Old Timer Events	Voter Registration
Craft Shows		Pageants	OTHER:
Debutante Balls		Parades - Under 500 Spectators	
Debuts			

EXPERIENCE & LOSS HISTORY

1. Have you held this event in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If "yes", how many years? _____	
1b. If "no", please provide experience in conducting events like this: _____	
2. Have you had any incidents or claims from this event in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had insurance cancelled, non-renewed or declined for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. If "yes", please explain in detail: _____	

SITE INFORMATION

1. Do you have any of the following:	<input type="checkbox"/> Grandstands	<input type="checkbox"/> Bleachers	<input type="checkbox"/> Platforms/Stages	<input type="checkbox"/> None
1a. If "yes", check the type of construction:	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other: _____
1b. If "yes", are they:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent		
1c. If temporary, list name of the installation firm: _____				
1d. If "yes", describe type of railings: _____				
2. Is the event located inside or outside?	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside		
3. If outside, is the area fenced or enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. If outside in a public street, how is access controlled? _____				
5. Do you provide parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Are public parking areas well-lit and supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Do you prohibit the public from bringing their pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECURITY AND MEDICAL INFORMATION

1. Is there an emergency evacuation plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there an ambulance service in attendance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are first aid facilities provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does any advertising make any representation about the safety or security of the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have security measures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. If "yes", Describe: _____	
5b. If third party, name of security firm: _____	
5c. Number of security personnel: _____	
5d. If security is provided by independent contractor, are you listed as an additional insured with 1M limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will any security be armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have any crimes occurred or been attempted at the event location within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. How far is your operation from the nearest responding hospital? _____ MI	

ACTIVITY INFORMATION

1. Is this application to include coverage for all premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are any fire/pyrotechnics used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there any overnight camping exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are rides provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. If "yes", who is offering rides?	<input type="checkbox"/> Applicant <input type="checkbox"/> Vendor
5. Are inflatables provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. If "yes", who is providing and overseeing?	<input type="checkbox"/> Applicant <input type="checkbox"/> Vendor
6. Do ride/inflatable vendors have general liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a. If "yes", what limits of insurance are in place?	_____
6b. If "yes", are you listed as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6c. If "yes", please supply certificates of insurance.	
7. Will other vendors be in attendance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. If "yes", list type of vendors:	_____
8. Are vendors, attractions owners, & performers required to carry their own insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a. If "yes", at what limits:	_____
8b. If "yes", are you listed as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Will participants be required to sign a waiver/release of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9a. If "yes", for which activities:	_____
10. Is live entertainment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10a. If "yes", describe:	_____
11. Is this event a rave, rave dance or rave party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are any activities on boats or near waterways?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12a. If "yes", describe:	_____

CONCERT – Specific Questions NO EXPOSURE

1. Type of music: <input type="checkbox"/> Alternative <input type="checkbox"/> Bluegrass <input type="checkbox"/> Classical <input type="checkbox"/> Country/Western <input type="checkbox"/> Gospel <input type="checkbox"/> Gothic <input type="checkbox"/> Hardcore <input type="checkbox"/> Heavy Metal <input type="checkbox"/> Hip Hop <input type="checkbox"/> Jazz <input type="checkbox"/> R&B <input type="checkbox"/> Rap <input type="checkbox"/> Rock <input type="checkbox"/> Other: _____	
1a. Name of performers:	_____
2. Any special effects for the concert?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If "yes", Describe:	_____
3. Are participants protected from, and warned against, potential flying objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is public access system clearly audible in all parts of the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there a backup electrical supply for lighting and the public-address system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are the premises entrance/exits well lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARADE – Specific Questions	<input type="checkbox"/> NO EXPOSURE
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1. Are cross streets barricaded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are souvenirs or other items thrown into the crowd?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If "yes", describe: _____	
3. Are there animals in the parade?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. If "yes", are the animals insured against third party claims by the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Length of parade route: _____	
5. Is parade route able to handle size and height of floats?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RODEO – Specific Questions	<input type="checkbox"/> NO EXPOSURE
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1. Name(s) of rodeo promotor/company/stock contractor: _____	
2. Does the rodeo board the stock in the applicant's facility overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the rodeo company maintain the responsibility for security of stalls/pens used to board the stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are the transfer areas between the animal pens and the competition restricted from the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Rodeo Arena: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
6. Is there a barricade between competition area and spectators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a. If "yes", describe type of barriers and the distance between barriers and spectator seating: _____	

EVENT CANCELLATION	CHECK IF NOT REQUESTED <input type="checkbox"/>
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1. Coverage requested for (Choose One): <input type="checkbox"/> Gross Receipts: \$ _____ <input type="checkbox"/> Costs and Expenses: \$ _____	
2. Will the event be: <input type="checkbox"/> Indoors <input type="checkbox"/> Partially Outdoors (Tent/Marquee/Temporary Structure) <input type="checkbox"/> Entirely Outdoors	
3. How many hours will be allowed for venue preparation? _____	
4. Will individual Non-Appearance coverage be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have all permits, contracts, licenses or the like necessary for the event to be completed successfully been obtained at the time of this application, or will they be obtained before the coverage is bound?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is terrorism coverage required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had any losses from cancellation of event(s) in whole or in part in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have any knowledge of any circumstances which could give rise to a claim under this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a. If "yes", please explain in detail: _____	

LIQUOR LIABILITY

CHECK IF NOT REQUESTED

1. Do you have a liquor license or a special permit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a. Name liquor license or permit is issued to: _____			
2. Check if liquor is sold by either or all:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Other _____
3. Check if liquor is served by either or all:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Employees/Volunteers	<input type="checkbox"/> Non Profit Organization
4. Types of beverages sold/served:	<input type="checkbox"/> Beer	<input type="checkbox"/> Wine	<input type="checkbox"/> Spirits <input type="checkbox"/> Other _____
5. Have you ever been fined by any alcohol regulatory agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has your liquor license ever been revoked or suspended?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have ever incurred a liquor liability incident or claim?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If "yes", to 5, 6, or 7 please explain in detail: _____ _____ _____			
9. Are servers trained in alcohol awareness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9a. If "no", please explain in detail: _____			
10. How many beverages can be purchased at one time? _____			
11. Are procedures and chain of authority established for refusing to serve?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11a. If "no", please explain in detail: _____			
12. Explain procedures for checking ID: _____ _____			
13. Is BYOB allowed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13a. If "yes", please explain in detail: _____			

I understand that First Flight Insurance Group, Inc for the insuring carrier, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

Applicant's Signature

Date: _____

Applicant's Printed Name

Applicant's Title: _____

FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

For residents of Colorado: 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: 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.

For residents of New York: 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.

For residents of Pennsylvania: 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____

Date _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

(YOU MUST CHECK ONE OF THE BOXES TO PURCHASE OR EXCLUDE TERRORISM COVERAGE)

	I hereby ELECT to PURCHASE coverage for acts of terrorism for a prospective premium of 15% of premium quoted .
	I hereby ELECT to have coverage for acts of terrorism EXCLUDED from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.
Policyholder/Applicant's Signature	DATE
Print Name	MULTIPLE Syndicate on behalf of certain Underwriters at Lloyd's