

## CENTURY SURETY COMPANY APPLICATION FOR SPECIAL EVENTS COVERAGE

1. Name of Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Name of Event: \_\_\_\_\_
4. Location of Event: \_\_\_\_\_
5. Interest of Named Insured in Premises: \_\_\_\_\_

6. Does Event involve any of the following:

- |                                                        |                                                            |
|--------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Amusement Rides               | <input type="checkbox"/> Fireworks (Sale or Demonstration) |
| <input type="checkbox"/> Animal Rides                  | <input type="checkbox"/> Aircraft of any type              |
| <input type="checkbox"/> Athletic Contests/Exhibitions | <input type="checkbox"/> Hot Air Balloon Rides             |
| <input type="checkbox"/> Auto/Motorcycle Races         | <input type="checkbox"/> Parade                            |
| <input type="checkbox"/> Boat Races                    | <input type="checkbox"/> Rodeo                             |
| <input type="checkbox"/> Dancing                       | <input type="checkbox"/> Other _____                       |

Any of the following concert types?

- Country/Western  
 Rap/Reggae  
 Rock  
 Classical

*Explain any of the above in detail in item 7:*

7. Provide complete description of Event:  
 Setup time and date \_\_\_\_\_ Take down time and day \_\_\_\_\_  
 Starting time and day \_\_\_\_\_ Ending time and day \_\_\_\_\_  
 Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Are exhibitors (if any) required to provide Certificates of Liability Insurance?  Yes  No  
 If yes, Limits? \_\_\_\_\_ Is applicant to be named as additional Insured?  Yes  No

9. List Names of Performers scheduled: \_\_\_\_\_  
 \_\_\_\_\_

10. Estimated Attendance: Total \_\_\_\_\_ Each Day \_\_\_\_\_

11. Estimated Gross Receipts: \_\_\_\_\_

12. Will Grandstands or Bleachers be used?  Yes  No Portable?  Yes  No Seating Capacity \_\_\_\_\_  
 Type and Construction: \_\_\_\_\_

13. What Type of security provided? \_\_\_\_\_ Insured's Employees \_\_\_\_\_  
 Independent Contractor \_\_\_\_\_ Name \_\_\_\_\_  
 Other \_\_\_\_\_ Name \_\_\_\_\_

- Is security firm to provide Certificates of Liability Insurance  Yes  No If yes, what Limits? \_\_\_\_\_  
 Is applicant to be named as additional Insured?  Yes  No

14. Are any other independent contractors to be used?  Yes  No If yes, describe \_\_\_\_\_

Are they required to provide Certificates of Liability Insurance?  Yes  No  
If yes, what limits? \_\_\_\_\_ Is applicant to be named as additional insured?  Yes  No

15. Previous Insurer(s) \_\_\_\_\_ Policy Number(s) \_\_\_\_\_

Were there any losses?  Yes  No (If yes, please describe in detail)

16. Has the prospective insured held an event of this type previously?  Yes  No

If yes, how many years? \_\_\_\_\_ Dates held last year \_\_\_\_\_ to \_\_\_\_\_

17. Attach a copy of any promotional literature, advertising or event information sheet which details activities.

### COVERAGE INFORMATION

18. Dates Coverage Required: From: \_\_\_\_\_ To: \_\_\_\_\_

19. Limits Required: Each Occurrence \_\_\_\_\_ General Aggregate: \_\_\_\_\_

20. Coverage Required:

- |                                                            |                                                      |
|------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Premises/Operations               | <input type="checkbox"/> Personal/Advertising Injury |
| <input type="checkbox"/> Personal Injury                   | <input type="checkbox"/> Liquor Liability            |
| <input type="checkbox"/> Products/Completed Operations     | <input type="checkbox"/> Contractual                 |
| <input type="checkbox"/> Employees as Additional Insured's |                                                      |

21. Additional Insured:

Name and Address

Interest

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

22. If coverage is provided, it will contain special exclusions (above and beyond normal policy exclusions) including, but not necessarily limited, to the following:

- |                                            |                                                                                                                                                              |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Riot and Civil Commotion                | E. Fireworks demonstrations or displays                                                                                                                      |
| B. Assault and Battery                     | F. Injury to Participants or damage to their property                                                                                                        |
| C. Injury to persons in unauthorized areas | G. Operation of any aircraft or passenger carrying balloons                                                                                                  |
| D. Unscheduled Events                      | H. Damage to property you own, rent or occupy                                                                                                                |
|                                            | I. Operation of autos, motorized vehicles, animal rides<br>trampolines or mechanically operated amusement<br>Rides unless authorized by specific endorsement |

## Liquor Liability Section

(Complete this section only if you are covering liquor liability)

23. Is liquor being offered on:
- a. Cash Bar  Yes  No
  - b. Open Bar  Yes  No
24. Are you providing food in addition to alcoholic beverages?  Yes  No
25. What type of training do you require the people serving the alcoholic beverages to have:  
\_\_\_\_\_
26. Will a trained bartender be used:  Yes  No
27. Are volunteers allowed to serve alcoholic beverages?  Yes  No
- a. If yes, are they trained in alcohol awareness:  Yes  No
28. Do you have a written policy in place for the bartenders/servers in regard to minimum service to minors and intoxicated persons?  Yes  No
29. Do you require servers/bartenders to check the ID of customers every time alcohol is served regardless of person being served?  Yes  No
30. Have you ever had a liquor liability loss?  Yes  No
- a. If yes, please describe circumstances: \_\_\_\_\_

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Producer Signature: \_\_\_\_\_