



# The Main Event® — Special Event Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please detail the losses below.

### TYPE OF EVENT

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Beer garden/Beer tent          | <input type="checkbox"/> Fundraiser              | <input type="checkbox"/> Individual vendor booth   |
| <input type="checkbox"/> Musical/Theatrical performance | <input type="checkbox"/> Motor vehicle race/Show | <input type="checkbox"/> Picnic                    |
| <input type="checkbox"/> Concerts                       | <input type="checkbox"/> Competition or shows    | <input type="checkbox"/> Sporting event/Tournament |
| <input type="checkbox"/> Conventions/Trade show/Exhibit | <input type="checkbox"/> Parade                  | <input type="checkbox"/> Wedding/Wedding reception |
| <input type="checkbox"/> Festival                       | <input type="checkbox"/> Party/Social event      | <input type="checkbox"/> Other (describe): _____   |

Name of applicant: \_\_\_\_\_  
(List only one legal and dba name. Do not include "etal", "etc." or other similar wording in the name.)

Describe applicant's role and responsibility in event: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Coverage desired:

- Commercial general liability and liquor liability  Commercial general liability only  Liquor liability only

Limits of coverage desired: \_\_\_\_\_

FULL SCHEDULE/DESCRIPTION AND PURPOSE OF EVENT (Attach copy of brochure, website pages and flyer to this application or include details on all activities taking place): \_\_\_\_\_

Dates of event: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

(If one day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12:00 a.m.)

Desired coverage date(s): From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

If event date(s) differs from desired coverage date(s), explain: \_\_\_\_\_

Is set-up and take-down coverage needed for additional dates?  Yes\*  No

\*If "Yes," what are the dates and what will this exposure include? \_\_\_\_\_

\*Will there be any heavy machinery used such as bulldozers, backhoes, excavators, or any other types of industrial machinery (small forklifts and light machinery are acceptable)?  Yes  No

Would you like to include a rain date?  Yes  No

If "Yes," what date? \_\_\_\_\_

Would you like to include coverage for banners?  Yes  No

If "Yes," does the banner hang above a major roadway or trail behind an airplane? :  Yes  No

Name of additional insured: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Additional insured's interest in event: \_\_\_\_\_

Would you like to include primary and non-contributory wording?  Yes  No

If "Yes," please advise how many contracts are needed: \_\_\_\_\_

Would you like to include waiver of subrogation?  Yes  No

If "Yes," please advise how many contracts are needed: \_\_\_\_\_

### HISTORY

1. Previous carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

2. Describe any previous losses:

Year	# of Claims	Incurred Amounts	General Liability/Liquor Liability/ Assault + Battery	Description
		\$		
		\$		
		\$		

II. COMMERCIAL GENERAL LIABILITY

1. Estimated total attendees per day: \_\_\_\_\_  
If applicant is an individual exhibitor/vendor, what is the estimated attendees per day anticipated to visit their booth? \_\_\_\_\_
2. Will there be any entertainment?  Yes  No  
If "Yes," describe and include name of performers and acts: \_\_\_\_\_
3. Will event feature any of the following:
  - a. Mechanical rides/devices?  Yes  No
  - b. Firearms or fireworks?  Yes  No
  - c. Overnight camping or bonfires?  Yes  No
  - d. Water hazards?  Yes  No  
If "Yes", will attendees be permitted to swim, boat, jet ski or fish?  Yes  No
  - e. Haunted house, hayride or corn maze exposure?  Yes  No
  - f. High profile attendees?  Yes  No  
If "Yes", please list: \_\_\_\_\_
4. a. Describe security measures: \_\_\_\_\_  
b. If security is provided by independent contractors, are they required to carry their own insurance?  N/A  Yes  No  
(For event specific underwriting questions please see Section IV)

III. LIQUOR LIABILITY

LIQUOR LIABILITY (IF COVERAGE IS DESIRED)

1. Hours of event: From: \_\_\_\_\_AM/PM To: \_\_\_\_\_AM/PM  
a. If hours vary by date, describe: \_\_\_\_\_
2. Estimated number of attendees consuming alcohol daily: \_\_\_\_\_
3. For this event, is the applicant acting in the capacity of a hired caterer or bartender?  Yes  No
4. Is the applicant an individual or business that regularly sells, serves or furnishes alcohol?  Yes  No
5. a. Is applicant the sole vendor/server of alcohol at event?  Yes  No  
b. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant?  Yes  No
6. Will alcohol be dispensed by a professional bartender or server that has taken a formal alcohol awareness training course?  Yes  No
7. Will alcohol be sold by applicant?  Yes  No
8. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted?  Yes  No

IV . EVENT TYPES

1. If this is a CONCERT/MUSICAL EVENT, complete below:
  - a. Name(s) of performer(s): \_\_\_\_\_ Describe type of music: \_\_\_\_\_
  - b. Performers are:  Local  National
  - c. Will pyrotechnics be featured?  Yes  No
  - d. Any special effects?  Yes  No  
If "Yes," describe: \_\_\_\_\_
5. If this is a PARADE Event, complete below:
  - a. Describe parade route from start to finish: \_\_\_\_\_
  - b. Has parade route been approved by local authorities and will route be secured by police?  Yes  No  
If "No," explain: \_\_\_\_\_
  - c. Are parade participants permitted to throw souvenirs, candy or other items into the crowd?  Yes  No
6. If this is an ATHLETIC EVENT, complete below:
  - a. Describe athletic event: \_\_\_\_\_
  - b.  Professional or  Amateur  
If "Professional," list the athletes: \_\_\_\_\_
  - c. Is this an off road, trail run, mud run or obstacle event?  Yes  No

7. If this is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW, complete below:
- a. Is the venue designed specifically for this type of activity?  Yes  No
  - b. Are metal or concrete barriers in place to ensure spectator safety?  Yes  No  
If no, describe: \_\_\_\_\_
  - c. Are the barriers permanent?  Yes  No
  - d. How high are the barriers? \_\_\_\_\_
  - e. What is the distance between the barriers and spectators? \_\_\_\_\_
  - f. Are spectators ever permitted in the pit or infield area?  Yes  No
  - g. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public?  Yes  No
  - h. Will the event feature audience participation (i.e. calf scrambles)?  Yes  No
  - i. Is this an off road, trail run, mud run or obstacle event?  Yes  No
8. If this is a CAR SHOW/MOTOR VEHICLE SHOW, complete below:
- a. Do vehicles remain stationary throughout the show with the engines off?  Yes  No
  - b. Will the event feature burnouts, drag races or flame throwing?  Yes  No
9. If this is a HEALTH FAIR/CONVENTION, complete below:
- a. Will the event feature any medical or health treatment?  Yes  No

V. ADDITIONAL APPLICANT INFORMATION

Form of business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Colorado Fraud Statement:** 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 agencies.

**District of Columbia Fraud Statement:** 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.

**Florida Fraud Statement:** 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 of the third degree.

**Florida Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Kentucky Fraud Statement:** 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.

**Maine Fraud Statement:** 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. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Washington Fraud Statement:** 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.

**Maine and Washington Fraud Statement:** 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.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**North Dakota Fraud Statement:** Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

**Ohio Fraud Statement:** 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.

I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy.

**Oklahoma Fraud Statement:** 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.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Utah Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

**Vermont Fraud Statement:** 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 may be subject to fines and confinement in prison.

**Virginia Notice:** This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Virginia Fraud Statement:** Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Utah Fraud Statement:** 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.

**Washington Fraud Statement:** Any person, who, knowing it to be such:

(1) Presents, or causes to be presented, a false or fraudulent claim or any proof in support of such a claim, for the payment of a Loss under a contract of insurance; or

(2) Prepares, makes, or subscribes any false or fraudulent account, certificate, affidavit, or proof of Loss, or other document or writing, with

intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor, or if such claim is in excess of one thousand five hundred dollars, of a class C felony.

Fraud Statement (All Other States): 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.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Main agency phone number: \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New York Fraud Statement:** 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.

Applicant's signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Officer of the Board or Property Manager

I acknowledge that the information provided in this application is material to acceptance of the risk and the issuance of the requested policy by Company. I represent that the information provided in this application is true and correct in all matters. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date of this Application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in the Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.