

14. Are there any caterers, vendors, concessionaires, exhibitors, entertainers, promoters or sponsors which are to be included as an Insured under this insurance policy? Yes No

If yes, provide their name, mailing address and type of service to your Event.

(Type of service = caterer, vendor, concessionaire, exhibitor, entertainer, promoter or sponsor)

Sells or Serves Alcoholic Beverage Yes No

Name _____

Address _____

City: _____ State: _____ Zip: _____

Type of Service: _____

15. List each date the Event will be held, expected attendance and event duration each day. Include event set up and take down days. Indicate if alcoholic beverage is sold or served for each day. Attach a separate page if necessary. If the time goes past midnight, be sure to include the new day and the hours.

| Date | Event Hours | | Attendance (Expected) | Alcoholic Beverages | | | | Hours when Alcoholic Beverages are served or sold | |
|------|-------------|-----|--------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---|-----|
| | Start | End | | Served | | Sold | | Start | End |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

16. Describe the Event and list all activities. Attach a separate page if necessary. If the Event is more than one day, include the date(s) each activity occurs.

- | | | |
|--|---|---|
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Quincinera |
| <input type="checkbox"/> Baby Shower | <input type="checkbox"/> Engagement | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Baptism | <input type="checkbox"/> Graduation | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Bar mitzvah | <input type="checkbox"/> Lecture (Describe Topic) | <input type="checkbox"/> Reunion |
| <input type="checkbox"/> Bat mitzvah | <input type="checkbox"/> Meeting (Describe Topic) | <input type="checkbox"/> Wedding |
| <input type="checkbox"/> Birthday | <input type="checkbox"/> Ordination | <input type="checkbox"/> Wedding Shower |
| <input type="checkbox"/> Other (Describe below): | | |

17. If Birthday, please indicate the year which is being celebrated.

- | | | |
|--|--|--|
| <input type="checkbox"/> 1yr. – 8yrs. | <input type="checkbox"/> 21yrs. – 29yrs. | <input type="checkbox"/> 50yrs. – 59yrs. |
| <input type="checkbox"/> 9yrs. – 13yrs. | <input type="checkbox"/> 30yrs. – 39yrs. | <input type="checkbox"/> 60 and over |
| <input type="checkbox"/> 14yrs. – 20yrs. | <input type="checkbox"/> 40yrs. – 49yrs. | |

18. If concert, will dancing be permitted? Yes No
If yes, is there a designated dance floor or area? Yes No

| | | | |
|---|-----|--|-----|
| <input type="checkbox"/> Facility Security | ___ | <input type="checkbox"/> Private Security Co. | ___ |
| <input type="checkbox"/> Private Security-Not employees of a Security Co. | ___ | <input type="checkbox"/> Police or Sheriff | ___ |
| <input type="checkbox"/> Peer Group or Ushers | ___ | <input type="checkbox"/> Employees of Event Holder | ___ |
| <input type="checkbox"/> Parent Chaperones | ___ | <input type="checkbox"/> Volunteers | ___ |

29. Security will be: Armed Unarmed # of Persons: _____

30. Is the Event being advertised or promoted? Yes No If yes, how? (Include all methods)

| | | | |
|-------------------------|--|------------------|--|
| Television | <input type="checkbox"/> Yes <input type="checkbox"/> No | Radio | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| News Paper | <input type="checkbox"/> Yes <input type="checkbox"/> No | Brochure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Handout or Announcement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Billboard | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Poster | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Event Web site | <input type="checkbox"/> Yes <input type="checkbox"/> No | Website Address: | _____ |

31a. Will alcoholic beverages be served? Yes No If yes,

1) Will you charge a fee or collect a ticket? Yes No

2) Do people pay to attend? Yes No

3) Do you receive a donation? Yes No

31b. Type of Alcoholic Beverage: Mixed Drinks Beer Wine/Champagne

31c. Estimated sales receipts for Alcoholic Beverages _____

31d. Do you have a caterer or vendor serve or sell the alcoholic beverage? Yes No

If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance? Yes No

31e. How many different locations at the Event will alcoholic beverage be served or sold? _____

31f. Are you required to obtain or have a liquor license for your Event? Yes No

31g. What management practices do you have in place to monitor and control the consumption of alcoholic beverages?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Everyone must show identification to receive an alcoholic beverage. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Individuals over the legal drinking age receive a wristband or other form of identification. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | There is a limit of two servings provided to any one individual per visit to the concession. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated. |

BUA - Event Insurance Specialists

Yes No The concession or bar is closed at least one hour prior to the end of the Event.

32. Does your Event include any athletic or recreational activity? Yes No

If yes, list each activity, the date of the activity and the number of participants each day.

| <u>Date</u> | <u>Activity</u> | <u># of Participants</u> |
|-------------|-----------------|--------------------------|
| | | |

33.a Explain your procedure for collecting and keeping Waivers and Release of Liability Forms, which have been signed by all participants. (The insurance policy will have a warranty that all athletic participants are required to sign a Waiver and Release of Liability. The insurance policy will exclude any claim for injury by an athletic participant, if that individual did not sign a Waiver and Release of Liability).

33.b Provide a copy of the Waiver and Release of Liability, which will be signed by all participants.

34.a Will your Event have music? Yes No
If yes, what type of music? Stereo/CD Player Live Music Disc Jockey

34.b What type of music will be played? Indicate all types, which will be played.

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1950's/1960's | <input type="checkbox"/> Folk | <input type="checkbox"/> Punk |
| <input type="checkbox"/> Acid Rock | <input type="checkbox"/> Funk | <input type="checkbox"/> Rap |
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Goth | <input type="checkbox"/> Rave |
| <input type="checkbox"/> Big Band | <input type="checkbox"/> Goth Metal | <input type="checkbox"/> Reggae |
| <input type="checkbox"/> Blues | <input type="checkbox"/> Hard Rock | <input type="checkbox"/> Rockabilly |
| <input type="checkbox"/> Bubblegum | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> Ska |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Soft Rock |
| <input type="checkbox"/> Country Soul | <input type="checkbox"/> Industrial | <input type="checkbox"/> Soul |
| <input type="checkbox"/> Country & Western | <input type="checkbox"/> Jazz | <input type="checkbox"/> Symphony |
| <input type="checkbox"/> Death Rock | <input type="checkbox"/> New Wave | <input type="checkbox"/> Techno |
| <input type="checkbox"/> Disco | <input type="checkbox"/> Pop | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ethnic or Foreign Culture | <input type="checkbox"/> Psychedelic | (If other please describe below) |

35. Does the Event include any of the following activities? If yes, describe the activity on a separate page.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Inflatable Activities (please provide a list of each Inflatable Activity) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Animals or Animal Acts |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Climbing Wall |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Horseback Riding or use of Horses |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skate Board Activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Roller Blade or Roller Skate Activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bicycle or Unicycle Activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Watercraft Activities or Use |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Guns |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Fire |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Chemicals |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Providing Medical or Chiropractic Information or Care |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any Construction or Demolition Work |

Yes No Any use of Scaffolding or Elevated Platform more than 4 feet above ground level

36. Does the Event include any of the following? **Claims arising out of each is excluded under this insurance policy.**

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aircraft, Balloon Ride or Gliders |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | All Terrain Boarding |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Base Jumping |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bouldering |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Boxing, Wrestling, Hockey, Contact Karate/Martial Arts, Football or Lacrosse |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bungee Jumping |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Circus Acts or Carnival Rides |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Concerts exceeding 6 hours of performance time |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Concert or Dance with Mosh Pit |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diving, Platform Diving or Spring Board Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hang Gliding |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kayaking, Rafting or Canoeing |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mechanical Amusement Ride |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Motorized Sporting Equipment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mountain Biking |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Power Boats |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Professional Sporting Activity; Games, Races or Contest of a professional nature |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pyrotechnics, Fireworks, Explosives, Black Powder |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rap, Heavy Metal or Rock Concert |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rock Climbing |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rodeo and Roping Events (including practice) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skin Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Scuba Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sky Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tractor Pull/Truck Pull |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trampoline |

37. Have you held this Event or a similar Event in past years? Yes No
If yes, please list all claims arising during the past five years from the Event. None

| Date of Claim | Claimant | Description | Paid to Date | Total Expected |
|---------------|----------|-------------|--------------|----------------|
| | | | | |
| | | | | |

38. Do you require that any vendors or Event service providers provide Certificates of Insurance and name you and the property owner as Additional Insureds? Yes No

If yes, provide a copy of the Certificate of Insurance from the vendors or service providers from whom you have received Certificates and Additional Insured Endorsements.

39. Do you have an Emergency Evacuation Plan? Yes No
If yes, explain how Event Management and Event Attendees are notified.

40. Will there be Medical Personnel present at the Event? Yes No
If yes, identify the number of:
Doctors _____ EMT/EMS _____
Paramedics _____ Other _____
Nurses _____

41. Is there an Ambulance on site? Yes No

42. The following items are required to be submitted with this information form.
- 1) Copy of all Certificates of Insurance from vendors that list you as an Additional Insured. (If you have received them.)
 - 2) Copies of all Brochures, Promotional Materials and Event Advertising.
 - 3) Copy of the Complete Schedule of Events or Activities.
 - 4) Copy of the Waiver and Release of Liability to be signed by Participants in any recreational or athletic activity.

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to Special Event Liability Group Insurance Trust. Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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.

PRINT NAME OF APPLICANT: _____
TITLE: _____
SIGNATURE OF APPLICANT: _____
DATE: _____

SIGNATURE OF PRODUCER: _____
DATE: _____