



Allen Financial Insurance Group

Special Event Application

Name of Company/Organization: _____

Entity Type: Corporation LLC Non-Profit Individual Other _____

Address: _____

City _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Web Site: _____

Qualification Questions

Any: Stunts, Pyrotechnics, Aircrafts, Car Races, Mechanical Devices, Film Production, Bounce Houses, Animals, Rides, Water Activity or Other Hazardous Activities? **Yes** **No**

Describe _____

Will The Event Take Place in the United States? **Yes** **No**

Any Armed, Private Security Guards Hired By You or Your Company? **Yes** **No**

Have You Had Any Liability or Property Losses in the Past 5 years? **Yes** **No**

Will you be renting or borrowing any equipment from others? **Yes** **No**

Will alcohol be served at the event? **Yes** **No**

If yes, will you make profit off the sale of alcohol? **Yes** **No**

Projected Sales: \$ _____ Projected Profit: \$ _____.

Special Event Application

For Live Music/Concerts

Type/Genre of Music: Rap R&B Rock Heavy Metal Pop Punk Electronic

(Check all that apply) Country Classical Jazz Blues Bluegrass Christian Gospel

Alternative Reggae Other _____

Artist Name(s): _____

Event Details

Dates of Event: ____/____/____ to ____/____/____ (same date if one day)

Type of Event: _____ Total "Event Days" _____

Average Daily Attendance _____ Athletic Participants/Performers: _____

Venue Name: _____

Venue Address: _____

City: _____ State: _____ Zip: _____

Event Name: _____

Event Description: _____

Budget: (Total cost of event): \$ _____ Cost of Admission \$ _____

Event will be: Indoors Outdoors Partially Outdoors

Do Vendors or Exhibitors need to be covered under your policy?

Vendors **Yes** **No** Exhibitors **Yes** **No**

Coverage

Commercial General Liability	\$1,000,000	Per Occurrence
	\$3,000,000	Aggregate
Products / Completed Operations	\$1,000,000	
Personal Injury Liability	\$1,000,000	
Host Liquor Liability	\$1,000,000	
Premises Rented To You	\$100,000	

Special Event Application

Additional Coverage (Optional)

Medical Payments: \$1,000

Excess Coverage/Umbrella: \$1,000,000 \$2,000,000 \$3,000,000 4,000,000 \$5,000,000

Event Cancellation: Adverse Weather Non-Appearance

Covered Amount: \$_____ Cost/Expenses Gross Revenue

Property: Rented Equipment Coverage: \$_____

Non-Owned & Hired Auto: (\$1,000,000 limit): Include

Waiver of Subrogation: Include

Premises Owner, Co-Promoters & Sponsors named as additional insured at no extra cost

Additional Insured's (if any) Use space provided below if custom wording or requirements are needed

Additional Insured / Check here if venue is to be added as an additional insured as it is listed above
Name

Mailing Address

City	State	Zip Code
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Additional Insured #2 (use additional sheet if needed)

Name

Mailing Address

City	State	Zip Code
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Special Event Application

- Please list any additional information that may be important or helpful:

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the Company until accepted by the Company or Companies but that the information contained herein shall be the basis of the Contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any 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 which is a crime.

WARRANTY

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of Coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application Shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to Allen Financial Insurance Group, Inc. and its Companies for Commercial General Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or Collection becomes necessary.

Signature:	Date: / /
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Agency: _____	Underwriter: _____
Producer Contact: _____	Approved By: _____
Producer Email: _____	Date: _____
Producer Telephone: _____	