



INSURANCE INNOVATORS INCORPORATED

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SPECIAL EVENTS APPLICATION - General Liability
THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT

Your agreement to these terms DOES NOT create an insurance contract or an Insurance agreement. The Insurance Company MUST accept these terms before there is any Insurance contract or Insurance coverage.

1. Name of Applicant _____

Address _____

2. Additional interests (if any)	Street	City	State	Zip Code	Relationship to Applicant
a.					
b.					
c.					

3. Indicate address and describe Location of Event _____

Indicate name and address of person to contact for inspection of risk _____

4. Date of Event		Coverage Dates Required (if other than Event Dates)	
From	To	From	To

5. Estimated Attendance	Estimated Participants	Gross Receipts	Maximum capacity of location of event

6. Detailed description of Event (attach Advertising Brochures, Flyers, etc. if any)

7. Indicate approximate age bracket of public attending event _____

8. Will event be held:

() In Indoors () Outdoors () If indoors ,indicate seating: Reserved _____% General Admission _____%

9. Crowd Control	Type	Approximate Number
() Ushers		_____
() Private Security		_____
() Off-duty Police		_____
() Policy		_____
() Guard Dogs		_____
() Other		_____

10. Applicant's experience in conducting events of this or similar nature (number, dates, etc.) _____

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11. Will bleachers or platforms be involved? () Yes () No
- a. () Permanent () Portable
- b. Construction () Wood () Steel () Concrete
- c. Height _____ ft.
- d. Age _____ years
- a. Back and Side Railing provided? () Yes () No
- f. Condition

12. Describe in detail all measures for the protection of the public and damage to property:

13. Does Event involve: [if none, check ()]

Interest of Applicant

Hazard	Sponsor	Operator	
Fireworks	()	()	Describe:
Amusement Rides or Devices	()	()	
Food Sales	()	()	
Alcoholic Beverage Sales	()	()	

a. If applicant is sponsor does operator have liability insurance?

() No () Yes \$ _____

Limits

Name of Company

b. Have Certificates of Insurance been obtained from operator? () Yes () No

14. Hold-Harmless Agreements

a. Does applicant agree to hold-harmless any Third Party? () Yes () No

b. Is applicant held harmless by others? () Yes () No

If answers to a, or b, Is yes, attach copy of contracts.

15. Loss Experience from prior events of same or similar nature:

Date	Nature of Loss	Amount Paid or Outstanding
_____	_____	_____

16. It is agreed that if policy is issued ,no coverage will be provided for injury to any person practicing for or engaging in any contest or exhibition of an athletic or sports nature? () Yes () No

17. Limits of Liability Desired: _____

Deductible Desired: _____

18. Policy Numbers and types of coverage provided for this Applicant in past year

Policy Number

Date _____ Signature of Applicant

Signature of Agent
