



Western Heritage Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250
1-800-873-9442 • Fax (480) 596-7859

Special Event Supplemental General Liability Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. Description of event (attach any flyers, brochures, etc.): _____

Maximum daily attendance: _____ Total attendance: _____ Sales: \$ _____

Length of event: _____ Estimated age group of audience: From _____ to _____

No. of Participants: _____ Do participants sign waiver of liability agreements? Yes No

2. Applicant's experience in conducting events of this or similar nature: _____

3. Rides:

Will rides be provided? Yes No

If yes, type of rides: _____

Will ride operators hold applicant harmless? Yes No

Rides inspected? Yes No

Do rides have signs clearly marking age, height, and size limitations? Yes No

4. Entertainment:

Will live entertainment be provided? Yes No

If yes, describe: _____

If a concert, type of music: classical jazz rap blue grass country/western
 gospel R&B alternative hard rock heavy metal
 hip-hop gothic other (describe): _____

If fireworks are planned, is pyrotechnician licensed? Yes No

Distance between fireworks staging area and audience? _____

Spectators allowed in fireworks staging area? Yes No

5. Security (indicate type and number of each):

Independent security Company: _____ Off-duty police: _____

Employed security: _____ Chaperones: _____

Is there a written emergency plan in the event of an accident? Yes No

Does independent security company provide a certificate of insurance? Yes No

6. Stadiums:

Are bleachers or platforms to be used? Yes No

If yes, type: portable permanent

Back and side railings provided? Yes No

Construction: Wood Steel Concrete

Height in feet: _____ Age of bleachers or platform: _____

Are patrons protected from, and warned against, potential flying objects? Yes No

Are patrons allowed on the field, track or pit area? Yes No

Is public address system clearly audible in all parts of the facility? Yes No

Is there a backup electrical supply for lighting and the public address system? Yes No

7. Traffic Control:

Who is responsible for crowd and traffic control? _____

Are parking areas smooth with clearly marked parking areas and exit roads? Yes No

Is parade route able to handle size and height of floats and are cross streets barricaded? Yes No

8. Liquor:

Is liquor to be served by applicant? Yes No

If yes, explain: _____

Does applicant want: Host Liquor Liquor Liability (available in selected states only)

Is liquor to be served by others? Yes No

If yes, do they have Liquor Liability coverage? Yes No

9. First Aid:

Will first aid facilities be provided at the event? Yes No

If yes, describe: _____

If yes, who will be in charge of the facilities?

Doctors Nurses Others: _____

10. If applicant is the sponsor, does the operator have liability insurance? Yes No

If yes, name of insurance carrier: _____ and policy limits of liability: \$ _____

11. Hold-harmless Agreements:

Is applicant held harmless by others? Yes No

Does applicant agree to hold any third party harmless? Yes No

If yes, who? _____

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)