

Were there any losses? Yes No *(If yes, please describe in detail)*

17. Has the prospective insured held an event of this type previously? Yes No

If yes, how many years? _____ Dates held last year _____ to _____

18. **Attach a copy of any promotional literature, advertising or event information sheet which details activities.**

COVERAGE INFORMATION

19. Dates Coverage Required: From: _____ To: _____

20. Limits Required-New Liability Form: Each Occurrence _____ General Aggregate: _____
Medical Payments Coverage is excluded

21. Coverage Required:

- | | |
|---|--|
| <input type="checkbox"/> Premises/Operations | <input type="checkbox"/> Personal/Advertising Injury |
| <input type="checkbox"/> Owners/Contractors Protective | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Products/Completed Operations | <input type="checkbox"/> Contractual |
| <input type="checkbox"/> Employees As Additional Insureds | |

(Include a copy of premises lease/rental agreement with application)

22. Additional Insured: Name and Address _____ Interest _____

23. If coverage is provided, it will contain special exclusions (above and beyond normal policy exclusions) including, but not necessarily limited, to the following:

- | | |
|--|--|
| A. Riot and Civil Commotion | E. Fireworks demonstrations or displays |
| B. Assault and Battery | F. Injury to Participants or damage to their property |
| C. Injury to persons in unauthorized areas | G. Operation of any aircraft or passenger carrying balloons |
| D. Unscheduled Events | H. Operation of autos, motorized vehicles, animal rides, trampolines or mechanically operated amusement rides unless authorized by specific endorsement. |

The applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____

Date: _____ Producer Signature: _____