

GENERAL INFORMATION:

Agency Name _____ # _____
 Producer _____ Effective Date _____
 Premium Payment Method: Full - (Full payment is due at inception)

APPLICANT INFORMATION:

Applicant's Name _____
 Mailing Address:
 Street _____ City _____ State _____ ZIP _____
 Contact Person _____ Phone # _____
 Applicant is a: Individual Partnership Corporation Non-Profit Organization
 Other (specify _____)
 Website _____

EVENT LOCATION:

Location #	Street, City, County, State, ZIP

PRIOR INSURANCE INFORMATION

Has this event ever been held previously? YES NO
 If yes, complete the following "Prior Coverage" and "Loss History" sections.

Prior Coverage

Prior Carrier	Eff./Exp. Date	Policy Number	Policy Premium

Loss History: Note any prior claims or losses for this event. Check here if there are no prior claims.

Date of Occurrence	Description of Claim	Amount Paid	Claim Status
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed

GENERAL LIABILITY SECTION

PER OCCURRENCE/AGGREGATE LIMITS

\$100,000/200,000
 \$300,000/600,000
 \$500,000/1,000,000
 \$1,000,000/2,000,000
 \$1,000,000/3,000,000

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Date of Event: _____ Expected Daily Attendance: (Required to rate) _____ Hours of Operation: _____

2. Describe the event, including a complete list of activities. Please attach a flyer if available. _____

3. Does the event include overnight camping? YES NO

4. What is your involvement in the event? Check all that apply: SPONSOR VENDOR ORGANIZER PARTICIPANT

5. Is a Certificate of Insurance required from all exhibitors/vendors? YES NO

If no, what exhibitors must submit a certificate, if any? _____

If sponsoring this event, are you requesting to be named as an additional insured on vendor's policy? YES NO

6. ANY ADDITIONAL INSURED YES NO

Manager or Lessors _____

NOC _____

7. Is there a barrier between the exhibition and the spectators? YES NO N/A

(A barrier is required for events with vehicles)

If yes, please explain the type of barrier and distance to the spectators: _____

8. Please submit a photo or diagram of race area.

9. Do you offer transportation for people? YES NO

10. Will the applicant serve alcohol: YES NO

If yes: a. Who is providing the liquor liability coverage? _____

b. Who is providing the security in the area where the liquor is being served? _____

11. Will applicant allow others to serve alcohol at this event? YES NO

If so, certificates of insurance are required.

12. Are guests allowed to bring their own alcohol to the event? YES NO

13. For Illinois locations only, are opioid antagonists available at the premises? YES NO

If yes, is there a staff member on premises who has been sufficiently trained on how to properly administer an opioid antagonist? YES NO

LIQUOR LIABILITY SECTION

IF LIQUOR LIABILITY COVERAGE IS DESIRED, PLEASE COMPLETE THE FOLLOWING LIQUOR LIABILITY SECTION. IF YOU ARE NOT APPLYING FOR LIQUOR LIABILITY, DO NOT COMPLETE THIS SECTION.

NOTE: LIQUOR LIABILITY IS ONLY AVAILABLE IF WEST BEND IS PROVIDING THE GENERAL LIABILITY COVERAGE FOR THIS EVENT.

1. Liquor Liability Limit, Per Occurrence/Aggregate
 \$100,000/100,000 \$300,000/300,000 \$500,000/500,000 \$1,000,000/1,000,000
2. What are anticipated alcohol sales for this special event? Beer \$ _____ Wine \$ _____ Liquor \$ _____
3. What is the lowest price offered for an alcoholic beverage? _____
4. Can patrons purchase more than 2 alcoholic beverages at a time? YES NO
5. What is the anticipated attendance for the event? _____
6. Does the event attract a predominantly youthful attendance ranging from 21-25 years old? YES NO
7. During what hours will alcohol be served? _____
8. Is a liquor license required for this event? YES NO
 If yes, provide the name on the liquor license, type of liquor license, and liquor license number: _____

9. Have the servers of alcoholic beverages been through alcohol awareness server training? YES NO
 If yes, provide the courses / designations: _____
10. Do you allow anyone under the age of 18 to serve alcoholic beverages? YES NO
 If yes, have these servers also been through alcohol awareness server training? YES NO
11. What procedures are in place regulating the sale of alcohol to those under the influence? _____

12. Describe the types of security that will be present during the event: _____

13. Are procedures in place for handling disruptive patrons? YES NO
 If yes, provide details: _____

14. Is there a designated driver program or safe ride service available? YES NO
 If yes, provide details: _____

15. Will IDs be checked? YES NO
 If yes, do you use an electronic ID scanner? YES NO
16. Will anyone under the age of 21 be permitted in the area where alcohol is served? YES NO
 If yes, will wristbands be used? YES NO
17. Are alcohol sales / consumption contained by fencing / barriers within a designated area? YES NO
18. Have you hosted similar events with the sale of alcohol? YES NO
 Has the event ever involved an incident of assault & battery, fines, police calls, disturbances, litigation, insurance claims, etc.? YES NO
 If yes, provide details: _____

EVENT CANCELLATION COVERAGE SECTION

IF EVENT CANCELLATION COVERAGE IS DESIRED, PLEASE COMPLETE THE FOLLOWING EVENT CANCELLATION SECTION.
IF YOU ARE NOT APPLYING FOR EVENT CANCELLATION COVERAGE, DO NOT COMPLETE THIS SECTION.

NOTE:

- **EVENT CANCELLATION COVERAGE IS ONLY AVAILABLE IF WEST BEND IS PROVIDING THE GENERAL LIABILITY COVERAGE FOR THIS EVENT.**
- **COVERAGE MUST BE BOUND AT LEAST 14 DAYS PRIOR TO EVENT**
- **COVERAGE NOT AVAILABLE FOR EVENTS LASTING LONGER THAN 5 DAYS**
- **THIS POLICY DOES NOT PROVIDE COVERAGE FOR LACK OF INTEREST OR LOWER THAN ANTICIPATED ATTENDANCE.**

1. Event Date(s) and Time(s): _____
2. Setup Date(s) and Time(s): _____
3. Provide the following:

a. Anticipated Revenue from the Event:	\$ _____
b. Total Refundable Expenses if the Event Does <u>Not</u> Occur:	- _____
c. Total Unincurred Expenses if the Event Does <u>Not</u> Occur:	- _____
d. Total Net Loss if Event is Cancelled:	= \$ _____

* Total Net Loss if Event is Cancelled (letter d. above) should be used to help determine an appropriate limit.
4. Limit of Insurance*:

\$7,500
 \$15,000
 \$25,000
 \$35,000
 \$50,000
 \$75,000
 \$100,000
 \$125,000
 \$150,000
 \$175,000

*Limits in excess of \$75,000 will require at least 3 years of prior experience and prior event financial information will be required.
5. Select all perils for which you are requesting coverage:
 - Severe Wind with Average Sustained Wind Speed over _____ mph (not available below 30 mph)
 - Newly Fallen Snow measuring at least _____ inches (not available below 1")
 - Rainfall measuring at least _____ inches (not available below 1")
 - Extreme Temperatures measuring *greater/less than* _____ degrees Fahrenheit (not available below 95° F or above 32° F)
 - Adverse Weather Warning
 - Hurricane
 - Non-appearance of a performer or speaker named: _____
6. Does the performer or speaker have a history of non-appearance at a scheduled event in the past 3 years? YES NO
7. Will the event be held indoors or outdoors? Indoor Outdoor Both
8. Has the applicant held this event previously? YES NO
 - a. If yes, provide the following:
 1. How many times has applicant previously held this event? _____
 2. Gross Revenue generated at the 3 most recent events (if applicable): _____
 3. Costs/Expenses incurred at the most recent event: _____
 - b. If no, please describe any experience organizing events: _____



Special Event Application

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true.

NOTICE: PLEASE READ BEFORE SIGNING!

In order to underwrite the insurance applied for above, an investigation consumer report may be requested and made, including information as to the character of the applicant for insurance and the persons to be insured under the policy applied for, their general reputations, business characteristics and credit standing. You are advised that you may make a request within a reasonable time after receipt of this Notice for a disclosure by **West Bend Mutual Insurance Company** of the nature and scope of the investigation requested.

Fraud Warning

Please refer to Acord 63 for state specific fraud warnings.

All Other States: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

Date _____ Time _____ Applicant's Signature _____

Agency Name and Producer's Signature _____

**FRAUD STATEMENTS**

AGENCY		CARRIER West Bend Mutual Insurance Company	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)