



SPECIAL EVENTS APPLICATION

GENERAL INFORMATION

- 1. First Named Insured
2. Mailing Address
3. Effective Date Desired Term Desired

COVERAGES

LIMITS

Table with 2 columns: COVERAGES and LIMITS. Includes checkboxes for Products-Completed Operations, Premises Operations, Medical Payments, Contractual Liability, Damage to Premises Rented to You, and Personal and Advertising Injury. Limits include General Aggregate, Products-Completed Operations Aggregate, Personal and Advertising Injury Limit, Each Occurrence Limit, Damage to Premises Rented to You Limit, and Medical Expense Limit.

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS

Table with 6 columns: Year, Carrier/Policy Number/Premium, Coverage, Losses, Amount, Description of Losses. Includes instruction: (Use separate sheet if necessary)

Missouri Applicants: DO NOT answer this question.

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?
No Yes - If so, give name of company, date, and reason.

UNDERWRITING INFORMATION

- 6. Additional Insured(s) required?
7. Location of Primary Event
8. Provide a complete description of all events including locations and dates
9. If applicable, hours of event:
10. Will first aid services be available?
11. Will alcohol be served?
12. Are there mechanical rides, moonwalks, trampolines, dunk tanks or water slides?
13. Describe security and crowd control measures.

14. Are any water hazards present? Yes No
If yes, explain. _____
15. Will fireworks be displayed? Yes No
If yes, would you like coverage as a sponsor of the fireworks? Yes No
If yes, who will be igniting the fireworks? Fire Department Licensed Pyrotechnist
 Other (Explain in detail) _____
Igniter is an: Employee Independent contractor
What are the policy limits on the igniter's policy? _____
(Attach certificate of insurance for the part responsible for igniting the fireworks.)
16. Number of grandstands or bleachers (if any) _____ Permanent Temporary
17. Seating capacity _____ Are all seats assigned? Yes No N/A
18. Estimated attendance per day _____ Ticket price _____ Est. gross receipts _____
19. Is contractual liability required? Yes No
If Yes, describe all contracts and/or hold harmless agreements, whether written or oral (including dates, contracting parties, and cost). _____

20. Is set up and take down coverage desired? Yes No If Yes, on what date(s)? _____
21. How many times has this event been held in the past? _____
22. Do you use independent contractors? Yes No
If Yes, describe how. _____

23. Are certificates of insurance secured from exhibitors and vendors? Yes No
24. Describe any products sold by or for the Named Insured. _____

CONCERTS ONLY

1. Location of concert(s) _____ Date(s) _____
2. Estimated attendance for the concert(s) only _____
3. Seating is: Assigned Unassigned Capacity of facility used for concert: _____
4. Type of music being performed: Country Pop (Top 40) Rap Hard Rock Punk
 Classical East Listening Other _____
5. List all performances or groups. _____

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.