

**GENERAL INFORMATION:**

Agency Name \_\_\_\_\_ # \_\_\_\_\_ X Quote Only  
 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  
                           Other (specify) \_\_\_\_\_

**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
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed

# SPECIAL EVENT APPLICATION

## GENERAL LIABILITY SECTION

### 1. 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

### 2. PLEASE CHECK THE TYPE OF SPECIAL EVENT:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Animal Rides  | <input type="checkbox"/> Display Booths  | <input type="checkbox"/> Parade Participants                 |
| <input type="checkbox"/> Anniversary or Annual Celebration   | <input type="checkbox"/> Dog and Cat Shows   | <input type="checkbox"/> Parade Sponsors                     |
| <input type="checkbox"/> Auto Demo Derby Grandstand  | <input type="checkbox"/> Dunk Tanks  | <input type="checkbox"/> Picnics                             |
| <input type="checkbox"/> Automobile Shows (no racing)  | <input type="checkbox"/> Easter Egg Hunt   | <input type="checkbox"/> Pig Roasts                          |
| <input type="checkbox"/> Bazaar  | <input type="checkbox"/> Exhibition Booths   | <input type="checkbox"/> Plays                               |
| <input type="checkbox"/> Beauty Pageants   | <input type="checkbox"/> Exhibitions   | <input type="checkbox"/> Pumpkin Patches                     |
| <input type="checkbox"/> Bingo Games   | <input type="checkbox"/> Festivals and Celebrations  | <input type="checkbox"/> Punt, Pass, and Kick                |
| <input type="checkbox"/> Bowling Tournaments   | <input type="checkbox"/> Golf Tournament   | <input type="checkbox"/> Refreshment Stands                  |
| <input type="checkbox"/> Campaign Headquarters   | <input type="checkbox"/> Hole-In-One Contests - Please refer to<br>our Hole-In-One Application | <input type="checkbox"/> Religious Meetings                  |
| <input type="checkbox"/> Card Tournament   | <input type="checkbox"/> Haunted Houses - Please refer to our<br>Haunted House Questionnaire   | <input type="checkbox"/> Reunions                            |
| <input type="checkbox"/> Carnivals (No thrill rides)   | <input type="checkbox"/> Hay Rides   | <input type="checkbox"/> Rodeos (No participant coverage)    |
| <input type="checkbox"/> Casino Night  | <input type="checkbox"/> Horse Shows   | <input type="checkbox"/> Santa House                         |
| <input type="checkbox"/> Christmas Caroling  | <input type="checkbox"/> Lectures  | <input type="checkbox"/> Sidewalk Sales                      |
| <input type="checkbox"/> Christmas Tree Lots - Please refer to<br>our Christmas Tree Lot Questionnaire | <input type="checkbox"/> Markets   | <input type="checkbox"/> Social Gatherings-With/Without Food |
| <input type="checkbox"/> Concerts (No Hip-Hop, Raves, Rap,<br>or Mosh Pits)                            | <input type="checkbox"/> Meetings  | <input type="checkbox"/> Tagged Fish Contests                |
| <input type="checkbox"/> Concession Stands   | <input type="checkbox"/> Model Homes   | <input type="checkbox"/> Theater Performances                |
| <input type="checkbox"/> Craft Shows   | <input type="checkbox"/> Mud Events-Motorized/Otherwise  | <input type="checkbox"/> Toys for Tots                       |
| <input type="checkbox"/> Dance Recitals  | <input type="checkbox"/> Musical Events (No Hip-Hop, raves, rap,<br>or Mosh Pits)              | <input type="checkbox"/> Turkey Shoots                       |
| <input type="checkbox"/> Dances  | <input type="checkbox"/> Pancake Breakfasts  | <input type="checkbox"/> Weight Pulling Contests             |
| <input type="checkbox"/> Demonstrations in Stores  |  | <input type="checkbox"/> Youth Programs                      |
|  |  | <input type="checkbox"/> Other _____                         |
|  |  | _____  |
|  |  | _____  |

### 3. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

A.     Date of Event: \_\_\_\_\_     Expected Daily Attendance: (Required to rate) \_\_\_\_\_     Hours of Operation: \_\_\_\_\_  
\_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_  
\_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_  
\_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_

B. Describe the event, including a complete list of activities. Please attach a flyer if available. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Is there a barrier between the exhibition and the spectators?     YES     NO     NOT APPLICABLE  
(A barrier is required for events with vehicles)  
If yes, please explain the type of barrier and distance to the spectators: \_\_\_\_\_  
\_\_\_\_\_

D. What precautionary measures have been taken in the event of a medical emergency or injury: \_\_\_\_\_  
\_\_\_\_\_

E. Is a Certificate of Insurance required from all exhibitors?     YES     NO  
If no, what exhibitors must submit a certificate, if any? \_\_\_\_\_

F. Are Additional Insureds required?     YES     NO  
If yes, please explain: \_\_\_\_\_

G. Are spectators allowed to participate in any of the sponsored events?     YES     NO  
If yes, please explain: \_\_\_\_\_

H. Is there grandstand or bleacher seating?     YES     NO

I. Are participants required to sign any releases of waivers?     YES     NO  
If so, please attach a copy.

# SPECIAL EVENT APPLICATION

- J. Briefly describe what security measures will be taken. Include the number of security personnel and the name of the firm providing the security: \_\_\_\_\_
- K. 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? \_\_\_\_\_
- L. Will applicant allow others to serve alcohol at this event?  YES  NO  
If so, certificates of insurance are required.
- M. Will applicant be using any mobile equipment such as ATV's,  YES  NO  
golf carts, snowmobiles, bobcats, cranes, tractors, or horse drawn wagons?  
If yes, please describe: \_\_\_\_\_  
Who is responsible for the insurance? \_\_\_\_\_

**3. ANY ADDITIONAL INSURED**  YES  NO

Manager or Lessors \_\_\_\_\_

NOC \_\_\_\_\_

*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 IN ILLINOIS, INDIANA, MICHIGAN, OHIO, AND WISCONSIN.**

**LIQUOR LIABILITY IS ONLY AVAILABLE IF NSI IS PROVIDING THE GENERAL LIABILITY COVERAGE FOR THIS EVENT.**

**LIQUOR LIABILITY SECTION (Not available in the states of Iowa, and Minnesota)**

A. Liquor Liability Limit, Per Occurrence/Aggregate

IMPORTANT NOTE: The only liquor liability limit offered for risks in Illinois is \$100,000/100,000

\$100,000/100,000

\$300,000/300,000

\$500,000/500,000

\$1,000,000/1,000,000

B. What are anticipated alcohol sales for this special event? Beer \$ \_\_\_\_\_ Wine \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_

C. Is a liquor license required for this event?  YES  NO

D. Please provide the name and phone number of the contact person in charge of the alcohol sales:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E. Will there be a double fence around the area where alcohol is served?  YES  NO

F. Will there be law enforcement officers in the immediate area?  YES  NO

If yes, please explain: \_\_\_\_\_

G. Has applicant hosted similar events with the sale of alcohol?  YES  NO

If yes,

1. Has applicant ever been cited for violation of a law or ordinance relative to the sale of alcohol?  YES  NO

2. Have there been any fights among patrons during previous events?  YES  NO

3. Have there been any fights between employees and patrons?  YES  NO

H. Will the servers of the alcoholic beverages be licensed bartenders?  YES  NO

I. What is the anticipated crowd size? \_\_\_\_\_

J. Who will provide the crowd control: \_\_\_\_\_

Will ID's be checked?  YES  NO

K. During what hours will alcohol be served? \_\_\_\_\_ to \_\_\_\_\_

L. Does applicant currently have Liquor Liability coverage?  YES  NO

If yes, provide name of company: \_\_\_\_\_

Premium \$ \_\_\_\_\_

M. Has applicant ever had Liquor Liability coverage non-renewed or cancelled?  YES  NO

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 and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

**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.

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

Date \_\_\_\_\_ Time \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Agency Name and Producer's Signature \_\_\_\_\_