

Special Event Application



email: info@uigusa.com phone: 800.385.9978

The Agent Agency

1. Legal Name: _____ DBA: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Contact Name: _____ Title: _____

Phone: _____ Alt Phone: _____

COVERAGE DESIRED

2. Liquor and GL Liquor only GL only

Liquor Limit \$150,000 \$300,000 \$500,000 \$1,000,000 N/A

GL Limit \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 \$1,000,000/\$1,000,000 N/A

A&B Limit \$25,000 \$50,000

GENERAL INFORMATION

3. Name of Event: _____ Event will be held: Indoors Outdoors

Location of Event: _____
(Street) (City) (State) (Zip)

4. Date(s) of Event: _____ to: _____

5. Hours of Event: _____

6. Entertainment: Yes No

If **YES**, please describe: _____

Type of Event (Please check one)

Beer Garden/Beer Tent

Motor Vehicle Race

Car Show

Competition or Show

Concerts/Musical Performance

Sporting Event/Tournament

Conventions/Trade Show

Wedding or Reception

Festival/Parade/Party/Picnic

Other, describe: _____

7. Charging Admission: Yes No Cost per Person: _____

8. Estimated attendance per day: _____ Max capacity of venue: _____

Average Age: _____ Event open to the public Yes No

9. Total Estimated Receipts:

Liquor \$ _____

Food \$ _____

Admission \$ _____

Other \$ _____

Total Receipts \$ _____

10. Additional Insured Needed Yes No

If **YES**, Additional Insured Name: _____

Additional Insured Address: _____
(Street) (City) (State) (Zip)

(If more Additional Insured list name and address on separate sheet)

HISTORICAL INFORMATION

11. Number of years event has been held: _____

Provide Loss History for up to last five years of events:

12. Actual total attendance for last year's event: _____

LIABILITY INFORMATION

PARADE INFORMATION

13. Is there a parade for this event? Yes No

Number of floats: _____ Number of Marching Units: _____

Estimated number of spectators: _____

FIREWORKS INFORMATION

14. Will fireworks be part of the event? Yes No

If **YES**, is applicant: Sponsor Operator

If Sponsor, provide operators liability insurance information

Limits: _____ Name of Company: _____

Have Certificates of Insurance been obtained from the operator? Yes No

SEATING INFORMATION

15. Will Bleachers or Platforms be used? Yes No

If **YES**, are bleachers/platforms Permanent Portable

Construction: Wood Steel Concrete

Height: _____ feet

Age: _____ years

Back and side railings Yes No

Condition of seating: _____

MUSIC

16. Is this a Musical Event? Yes No

If **YES**, please provide performance details:

Name	Genre	Local or National

(Add additional on separate sheet if necessary)

AMUSEMENT

17. Are there amusement rides? Yes No

If **YES**, list number of rides and brief description of rides provided:

Number of Rides	Description

If **YES**, is applicant: Sponsor Operator

If Sponsor, provide operators liability insurance information

Limits: _____ Name of Company: _____

18. Are inflatable or bounce slides, rides or other similar amusement inflatables provided at this event? Yes No

If **YES**, list number of rides and brief description of rides provided:

Number of Rides	Description

If **YES**, is applicant: Sponsor Operator

If Sponsor, provide operators liability insurance information

Limits: _____ Name of Company: _____

19. Are there slides? Yes No

If **YES**, height of slide: _____

If **YES**, is applicant: Sponsor Operator

If Sponsor, provide operators liability insurance information

Limits: _____ Name of Company: _____

20. Will the event feature animal rides or a petting zoo? Yes No

If **YES**, is applicant: Sponsor Operator

If Sponsor, provide operators liability insurance information

Limits: _____ Name of Company: _____

ALCOHOL SERVICE

21. Does applicant have a valid liquor license? Yes No

22. Liquor License Number: _____ Pending

23. Can attendees bring their own alcohol at this event? Yes No

24. Is applicant sole vendor of alcohol at this event? Yes No

If **NO**, how many other vendors will be serving alcohol? _____

25. Describe how alcohol is being dispensed: _____

26. Will area of alcohol service/consumption be enclosed? Yes No

27. Will customers be allowed to take alcohol outside designated service/consumption area? Yes No

28. Describe measures to prevent service of alcohol to minors:

29. Describe measures to prevent service to intoxicated persons:

30. Will servers provide alcohol to a person who appears to be intoxicated? Yes No

SECURITY

31. Is security provided? Yes No

If **YES**, Type of Security: Employees of Applicant Private Security On-Duty Police Off Duty Police

Other Describe: _____

32. Is security: Armed Unarmed

33. Is there an Emergency Evacuation Plan in place? Yes No

34. Will qualified medical personnel be in attendance? Yes No

35. Will ambulance service be in attendance? Yes No Unknown

DISCLOSURE STATEMENT: 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 may be subject to criminal and civil penalties.

WARRANTY STATEMENT: I have read this application, and I declare that to the best of my knowledge and believe all of the foregoing statements are true and accurate, and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I agree that this application will be made a part of the policy, should the Company evidence its acceptance by issuance of a policy.

Name _____

Title _____

Signature _____

Date _____