



Special Event Insurance Request for Quote

Instructions to obtain a Quote:

1. Complete form entirely to receive a quote. If the form is not completed, additional information will have to be attained before quoting.
2. Save completed form to your computer
3. Please send this form to: Email: smic_information@amwins.com, Fax: (715) 344-6126
Or mail to: Special Markets Insurance Consultants, Inc., 1055 Main Street, Suite 101, Stevens Point, WI 54481
Phone: (800) 727-7642

Request for quote form must be completed and returned for underwriter review. Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. Payment of premium is required to bind coverage.

SUBMISSION REQUIREMENTS

- Copy of rental agreement or contract to rent or use venue

ACCOUNT INFORMATION

Named Insured _____
(to be shown on policy declarations page)

Physical Address _____ Email _____

City _____ State _____ Zip _____

Fax _____ Website _____

Mailing Address _____

Contact Person _____ Title _____ Phone _____

Effective Date _____ Expiration Date _____

Event Start Date _____ Event End Date _____

Named Insured is: Individual Partnership Corporation Association Other: _____ Non Profit

Coverage Requested: Accident Medical Medical Limits: \$10,000 \$25,000 Other Limit \$ _____
Accident Medical Deductible Options: \$0 \$100 \$250 \$500 \$1,000 Other Limit \$ _____

Participant General Liability (Participants & spectators are included, accident coverage is required and Section D must be completed)
Limits of Insurance Requested \$ _____

Spectator General Liability (complete Section D)
Limits of Insurance Requested \$ _____

Abuse & Molestation (complete Section C) Limits of Insurance Requested \$ _____

Liquor Liability (complete Section B)

Hired/Non-Owned Auto Cost of Hire: _____

Miscellaneous Equipment Coverage (Inland Marine) Limits of Insurance Requested \$ _____

SECTION A – Special Event Underwriting Information

Name of Event _____
(Attach a copy of rental agreement or contract to rent or use venue)

Event Website _____

Describe all events, activities, and operations you are requesting insurance for:

Name of Venue _____

Address of Venue _____

Schedule of Events (use separate sheet if needed & attach brochure or promotional materials if applicable)

Activity	Date	Time(s)	Location Name / Address

Number of Spectators/Attendees per day _____ Total Number of Spectators/Attendees _____ Ticket Prices \$ _____

Number of Volunteers per day _____ Total Number of Volunteers _____

Number of Athletic Participants Youth _____ Adult _____

How many years has this event been held under the present management? _____

During this time has the insured had any claims regarding this event? Yes No
If yes, please explain _____

If insured has never held current event, please provide insured's experience with similar events. _____

Are overnight accommodations or camping facilities part of the event? Yes No

Is this event held annually? Yes No

Is there a musical or entertainment performance at the event? Yes No

If yes, please list the type of performer(s): _____

Please provide list of all performers: _____

Is your event held Indoors Outdoors

Will any of the events occur in a bar or nightclub? Yes No

Will any of the events include any of the following activities? If so, please check all that apply and indicate the responsible party by filing in "A" for applicant, "VE" for vendor/exhibitor or "S" for subcontractor on the line after the activity. **We cannot guarantee coverage for all activities listed.**

- Aircraft _____
- Animals (other than pet contests) _____
- Archery _____
- Camping _____
- Cattle Drives _____
- Childcare Operations _____
- Firearms/Ammunition/ Weapons of Any Kind _____
- Fireworks _____
- Food Vendor _____
- Inflatables _____
- Knives/Cutlery _____

- Mechanical Amusement Rides _____
- Motorsports _____
- Open Water Exposure _____
- Paintball _____
- Parade _____
- Rock Climbing _____
- Rodeos _____
- Tattooing/Body Piercing _____
- Temporary Skating/Skiing/Skateboarding Structures _____
- Trail Rides _____

If you hire subcontractors for the insured event(s) do these subcontractors carry their own insurance naming you as an additional insured? Yes No

Do you require all vendors/exhibitors managing any of the above indicated activities to have their own liability insurance in place listing you as an additional insured? Yes No

Will there be temporary structures installed/build for the event(s)? Yes No

If yes, who will be responsible for building/installing structure(s)? Insured Subcontractor

If Subcontractor, will the Subcontractor be naming the Insured as an Additional Insured on their insurance policy? Yes No

Will there be security at the event(s)? Yes No

Who is responsible for providing the security? Venue Applicant Police Other _____

If other, does the security company carry its own insurance naming the Insured as an Additional Insured? Yes No

Revenue Generated:

Event Gross Revenue	\$	_____
Admission Fees	\$	_____
Liquor Sales	\$	_____
Food Sales	\$	_____
Merchandise	\$	_____

Alcoholic Beverages (please check those that apply)

Will not be allowed or available at the event.

None provided by Named Insured and/or only attendees to bring their own alcoholic beverages.

Will be sold at the event. (e.g.: individual drinks are offered for sale for cash or with pre-purchased tickets)

If sold, who holds the liquor license or permit?

Insured (If selected complete Section B - Liquor Liability) Caterer or Vendor Facility Sponsor

Will be furnished without a charge at the event. (e.g.: wine & beer are served for free; or event has \$100 admission fee and wine is served with dinner for free)

Will an admission fee be charged? Yes No If yes, complete Section B – Liquor Liability

Section B - Liquor Liability

1. Is the Liquor License in your name? (A copy of the license should be available upon request) Yes No
 - a. If yes, is it an annual license? Yes No
2. Will alcohol be served by a licensed bartender? Yes No
 - a. If no, who will be serving the alcohol? _____
 - b. Describe training and/or experience of persons serving alcohol _____
 - c. Do all servers complete TIPS or TAMS training? Yes No
3. Are your employees or volunteers serving liquor? Yes No
4. Are written procedures in place for:
 - a. Checking ID's Yes No
 - b. Refusal of alcohol to minors Yes No
 - c. Refusal of alcohol to intoxicated persons Yes No
 - d. What measures are in place to prevent the service of alcohol to minors and/or intoxicated persons?

5. Estimated number of attendees consuming alcohol daily _____ Average age of attendees _____
6. Number of bars or areas at which alcohol will be dispensed at this event. _____
 - a. Is alcohol consumption confined to this (these) areas? Yes No
 - b. If no, explain _____
7. Will there be an open bar? Yes No
8. Will alcohol be sold by the drink? Yes No If yes, cost per drink: \$ _____
9. Is BYOB (bring your own beverage) permitted? Yes No
10. Have you ever been assessed a fine or violation of a law concerning the sale, serving or providing of alcohol? Yes No
If yes, explain _____
11. Has the applicant had a previous license suspended or revoked? Yes No
12. Has the applicant had a liquor loss in the last 5 years? Yes No
If yes, explain _____

Section C - Abuse & Molestation (Must be completed if requesting Abuse & Molestation coverage or if there is overnight exposure.)

1. Do you do criminal background investigations on all those involved with children? Yes No
2. Do you have written procedures along with formal training for dealing with sexual abuse? Yes No
3. Are there written procedures prohibiting 1 on 1 exposure between youth and adult? Yes No
4. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? Yes No
5. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No
If yes, please describe. _____
- a. Was a claim made against the organization? Yes No
- b. Was the case settled? Yes No
- c. Was the case taken to trial? Yes No
- d. How much money was paid in damages to the victim \$ _____
6. How long do you maintain copies of all documentation (*i.e. employment applications, background investigations, MVR's*)? _____ (*recommend at least 7 years for claim purposes*)

Section D - Underwriting Information (complete if requesting General Liability)

- Do you require all event participants and volunteers to sign waivers? Yes No
- Do you have a written contract in place with all persons or entities you contract with? Yes No
- a) Do these contracts contain a harmless agreement whereby you the Named insured do NOT assume liability of any other person(s) or entities? Yes No
- Do you require those you contract with to name you as an Additional Insured on their liability insurance and provide evidence of doing so? Yes No
- Are you contractually obligated to name any organization as an additional insured?** Yes No
- If yes complete the following if requesting General Liability:

Additional Insured Name* Complete Address Relationship to you (examples below)**

*Additional Insured Certificates – Each additional Insured Certificate is \$35.00 (non-commissionable).

****Relationship Examples:** Owners/Lessors of Premises, State or Governmental Agency or Subdivision or Political Subdivision, Lessor of Leased Equipment, Mortgagee, Assignee or Receiver, Sponsor, Co-promoters.

Do you currently have or have you had Accident Medical and/or General Liability Insurance for this event? Yes No
a. If yes, please provide a copy of your current policy's schedule page.
b. If yes, please provide 3 years loss experience.

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Authorized Signature _____

Date _____

Printed Name _____

Title _____

All above information requested is required for policy issuance. The licensed agent is required to complete the section below. Policies cannot be issued without all the required information being completed.

Local/Regional Licensed Agency

#1684

Agency Name: _____

License Number: _____

Agent Name (Printed): _____

Agent Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____

Date: _____

(Licensed Agent)

Email Address: _____

Proposal Number: _____

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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 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 MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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 OR A DENIAL OF INSURANCE BENEFITS.