

# KSI CONSULTING, LLC

*Specialty Insurance Professionals*

## SPECIAL EVENT LIABILITY APPLICATION

### **A. INSURED INFORMATION**

1. Insured Company Name (Applicant): \_\_\_\_\_
2. Contact Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
6. No. Years in Operation: \_\_\_\_\_ No. Years with Present Management: \_\_\_\_\_
7. Prior Experience: \_\_\_\_\_
8. Responsibilities/role of Insured (Applicant) in this event: \_\_\_\_\_  
\_\_\_\_\_

9. <u>Additional Insured Name</u>	<u>Address</u>	<u>Interest in Event</u>

10. Insured's Loss History:

2009	\$ _____	Details: _____
2008	\$ _____	Details: _____
2007	\$ _____	Details: _____
2006	\$ _____	Details: _____

### **B. EVENT INFORMATION (Attach a copy of event brochure and/or flyer to this Application)**

11. Event Name: \_\_\_\_\_  
Event Website Address: \_\_\_\_\_

12. Type: (check below as applicable)

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> Art & Craft Festival        | <input type="checkbox"/> Auction                  | <input type="checkbox"/> Beauty Pageant/<br>Fashion Show | <input type="checkbox"/> Concert  | <input type="checkbox"/> Chamber of Commerce<br>event<br>(see No. 17-20) |
| <input type="checkbox"/> Consumer<br>Show            | <input type="checkbox"/> Convention               | <input type="checkbox"/> Exhibition                      | <input type="checkbox"/> Fair/Festival  | <input type="checkbox"/> Fundraiser                                      |
| <input type="checkbox"/> Graduation                  | <input type="checkbox"/> Meeting/Luncheon/Seminar | <input type="checkbox"/> Music Festival                  | <input type="checkbox"/> Party<br>(see No. 17-20)                             |  |
| <input type="checkbox"/> Picnic<br>(see No. 19 & 20) | <input type="checkbox"/> Political Rally          | <input type="checkbox"/> Reception                       | <input type="checkbox"/> Sporting Event<br>(excludes Participants see No. 22) |  |
| <input type="checkbox"/> Walk-a-thon                 | <input type="checkbox"/> Wedding/Reception        |  |   |  |

13. Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_

14. Event Start Time: \_\_\_\_\_ AM  PM  Event End Time: \_\_\_\_\_ AM  PM

If Hours vary by Date, please describe:

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15. Coverage Start Date: \_\_\_\_\_ Coverage End Date: \_\_\_\_\_  
If event date(s) differ(s) from coverage dates, please explain:

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16. Number of years event has been previously held: \_\_\_\_\_

17. If Concert, Type:

Classical     Comedy     Contemporary     Country     Gospel/Jazz  
 Opera     Orchestra     R&B     Rock     Symphony

18. Is Seating Assigned?     Yes     No

19. Is Live Music part of event?     Yes     No

If Yes, what type of Music? \_\_\_\_\_

20. If Concert and/or Live Music event, please provide Name(s) of Performer(s)/Entertainer(s):

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21. Does the event Include a Parade?     Yes     No

If Yes:

# Units (Marching Band, float, car, etc. is 1 unit): \_\_\_\_\_ # Floats: \_\_\_\_\_

Anything thrown from float?     Yes     No

If Yes, describe:

Length (Blocks): \_\_\_\_\_ Length (Time): \_\_\_\_\_ # Est. spectators: \_\_\_\_\_

22. If Sporting Event, please describe: \_\_\_\_\_  
(excludes Participants)

# of Spectators: \_\_\_\_\_

23. Is Food offered at the Event?     Yes     No  
If Yes, Served by:     Insured     Other     Not Applicable  
Sales: \_\_\_\_\_

24. Is Liquor offered at the Event?:     Yes     No  
If Yes, who is responsible for serving/holds liquor permit? \_\_\_\_\_  
(Complete No. 45 – 50)

25. Is there a charge for admission?:     Yes     No  
If Yes, please indicate cost per person: \_\_\_\_\_

26. Is this event part of a larger function?:     Yes     No  
If Yes, please describe: \_\_\_\_\_

27. Max Daily Attendance: \_\_\_\_\_ Total Attendance: \_\_\_\_\_ Total Volunteers: \_\_\_\_\_  
 Avg. Age of Attendees is: \_\_\_\_\_ Event is:  Private  Open to the Public

28. Vendors/Exhibitors:  
 Total #: \_\_\_\_\_ Food & Beverage #: \_\_\_\_\_ Arts & Crafts #: \_\_\_\_\_ Other#: \_\_\_\_\_

29. Do you require all Vendors/Exhibitors to have their own liability insurance listing you as additional insured?  Yes  No

30. Will the event feature any of the following activities?:

Rodeos	<input type="checkbox"/> Yes <input type="checkbox"/> No	Animals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical amusement rides owned/operated by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(other than pet contests/shows)	
Child Care Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skating at permanent or temporary park/rink	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cattle drives or trail rides	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireworks discharged by you	<input type="checkbox"/> Yes <input type="checkbox"/> No	Camping/lodging	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motorized watercraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Sports	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year round exposures not Typical to a festival	<input type="checkbox"/> Yes <input type="checkbox"/> No		

31. Do you have certificates of insurance naming your organization as additional insured from all subcontractors?  Yes  No

32. Does your contract require a 'waiver of subrogation'?  Yes  No

**C. VENUE INFORMATION (answer as applicable to the Event(s) named in No. 11)**

33. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Venue Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Venue Website: \_\_\_\_\_

34. Type:  Private Residence  Stadium  Convention Center  
 Fair Grounds  Arena  Liquor-Licensed Establishment  
 Indoor  Outdoor

35. Does facility require a contract for usage?  Yes  No  
 If Yes, provided a copy of contract(s).

36. Seating Structure:  Permanent  Temporary  Not Applicable  
 If Temporary, name of installation firm:  
 Seating Type:  Bleacher  Stadium  Folding Chairs  
 Seating Capacity: \_\_\_\_\_

37. Staging Present:  Yes  No  
 Provided by:  Insured  Subcontractor  Venue  
 Staging Type:  Permanent  Temporary  
 Is the Applicant an Additional Insured?  Yes  No

38. Tents Available:  Yes  No  
 Provided by:  Insured  Subcontractor  Venue  
 Is the Applicant an Additional Insured?  Yes  No

39. Temporary Lights Provided:  Yes  No

- Provided by:  Insured  Subcontractor  Venue  
 Is the Applicant an Additional Insured?  Yes  No
40. Parking Provided by:  Insured  Other
41. Auto Liability Required:  Yes  No
42. Ushers:  Yes  No
43. Security Available:  Yes  No  
 Security Type:  Armed  Unarmed  Not Applicable  
 Contracted by:  Insured  Facility  
 # of Security Personnel:
44. Does the security company carry its own insurance naming you as an Additional Insured?  
 Yes  No

E. **LIQUOR LIABILITY**  Quotation Required  Quotation Not Required  
 (complete this Section if No. 24 answered "Yes" )

45. Estimated # of Attendees consuming alcohol daily: \_\_\_\_\_
46. a. Is the Applicant the only vendor of alcohol at this event?  Yes  No  
 If No, list name(s) of other vendor(s) : \_\_\_\_\_
- b. Are all the participating alcohol vendors required to carry minimum Liquor Liability Limits for the Event?  Yes  No  
 If Yes, what is the minimum requirement? \_\_\_\_\_
47. a. Will alcohol be dispensed by a Professional Bartender?  Yes  No  
 If No, describe how and by whom alcohol will be dispensed: \_\_\_\_\_
- b. Describe training and/or experience of persons serving alcohol: \_\_\_\_\_
- c. What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons?  
 \_\_\_\_\_
48. a. Is a Liquor License required for this event?  Yes  No  
 b. Does the Applicant have a valid Liquor License?  Yes  No
49. a. Number of bars or areas at which alcohol will be dispensed at the Event?  
 b. Is alcohol consumption confined to these areas?  Yes  No  
 If No, please provide details: \_\_\_\_\_
- c. Will there be an open bar?  Yes  No  
 d. Will alcohol be sold by the drink?  Yes  No  
 f. Is BYOB (Bring your own bottle) allowed?  Yes  No  
 e. Cost per drink: \_\_\_\_\_
50. Estimated alcohol gross receipts per day: \_\_\_\_\_

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** 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 AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** 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 THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

### DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

_____ PRINT NAME OF APPLICANT	_____ TITLE
_____ SIGNATURE OF APPLICANT	_____ DATE
_____ SIGNATURE OF BROKER	_____ DATE