

INSURANCE TECHNOLOGIES & PROGRAMS

P.O. Box 458, Wichita, KS 67201 - 10100 W. Maple Street, Wichita, KS 67209
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Please send application to:

trisha.keeler@itpinsurance.com or cassandra.ades@itpinsurance.com



Special Event Liability Application

A. INSURED INFORMATION					
Insured Company Name (Applicant):					
Contact Name:					
Address:					
City:		State:		Zip:	
Phone:		Email:			
Are you a broker? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, provide information below</i>					
Name:			Agency:		
Phone:			Email:		
B. EVENT INFORMATION (ATTACH A COPY OF THE EVENT BROCHURE AND/OR FLYER TO THE APPLICATION)					
Event Name:					
Event Website:					
Event Description:					
Venue Name:					
Venue Address:			City/State/Zip:		
Event Start Date:			Event End Date:		
Coverage Start Date:			Coverage End Date:		
<i>If the coverage start date is more than 5 days before the event start date OR the coverage end date is more than 5 days after the event date, please explain:</i>					
Is the event outdoors? <input type="checkbox"/> YES <input type="checkbox"/> NO					
How many years has this event been held under the present management (if never, enter 0)?					
During this time has the Insured had any claims regarding this event?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Type of event (check below as applicable):					
<input type="checkbox"/> Arts & Crafts Festival	<input type="checkbox"/> Auction	<input type="checkbox"/> Beauty Pageant/ fashion show	<input type="checkbox"/> Concert		
<input type="checkbox"/> Chamber of Commerce Event	<input type="checkbox"/> Consumer 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	<input type="checkbox"/> Picnic	<input type="checkbox"/> Political Rally
<input type="checkbox"/> Reception	<input type="checkbox"/> Sporting Event (excludes participants)	<input type="checkbox"/> Walk-a-thon	<input type="checkbox"/> Wedding/reception
<input type="checkbox"/> Film Shoot Production Cost: \$ _____		<input type="checkbox"/> Other, please specify _____	

If Concert, type: (check below as applicable):

<input type="checkbox"/> Classical	<input type="checkbox"/> Comedy	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Country	<input type="checkbox"/> Gospel/Jazz
<input type="checkbox"/> Opera	<input type="checkbox"/> Orchestra	<input type="checkbox"/> R&B	<input type="checkbox"/> Rock	<input type="checkbox"/> Symphony

*Other, please specify _____

Name of Performer(s):	
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Is seating assigned:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Please describe event: <i>(Note: Event description details are required. Please provide a complete description of events and activities associated with the Insured event. The more comprehensive the information provided, the quicker the quote process will be).</i>	
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Maximum Daily Attendance:		Total Attendance:	
Gross Revenue:	\$ _____	Expenses:	\$ _____

Will any of the events include any of the following:
(Please check all that apply indicating whether the applicant, vendor or subcontractor will be the responsible party.)

	Applicant	Vendor/Exhibitor	Subcontractor
Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals (other than pet contests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cattle Drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firearms/ammunition/ Weapons of any kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knives/ Cutlery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical amusement rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motorsports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open water exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock Climbing Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodeos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tattooing/ body piercing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary skating/skiing/ skateboarding structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Will any of the events occur in a bar or nightclub? <i>(If yes, are those events occurring in a bar or nightclub open to the public? <input type="checkbox"/> YES <input type="checkbox"/> NO)</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant hire any subcontractors for these insured events?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do these subcontractors carry their own insurance naming you as Additional Insured?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Will there be security at the insured event(s)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Who is responsible for providing the security?	<input type="checkbox"/> Venue	<input type="checkbox"/> Applicant	<input type="checkbox"/> Police <input type="checkbox"/> Other
<i>If Other, does the security company carry its own insurance naming you as Additional Insured?</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If No, please explain:</i>			
Will there be any temporary structures installed/ built for your event?			<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If Yes, who will be responsible for building/ installing the structure(s)?</i>		<input type="checkbox"/> Insured	<input type="checkbox"/> Subcontractor
<i>If Subcontractor, will the subcontractor be naming your company as an additional insured on their insurance policy?</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
Required Limits:			
<input type="checkbox"/> \$1M per Occurrence /\$2M Aggregate	<input type="checkbox"/> \$2M per Occurrence /\$2M Aggregate	<input type="checkbox"/> \$3M per Occurrence /\$3M Aggregate	<input type="checkbox"/> \$4M per Occurrence /\$3M Aggregate <input type="checkbox"/> \$5M per Occurrence /\$5M Aggregate
<i>If larger limits are required, please specify:</i>			

C. LIQUOR LIABILITY COVERAGE

(Please note: if the insured is not in the business of serving, selling or distributing liquor and will not receive any revenue from the sales of liquor, the additional liquor coverage is not required)

Is Liquor Liability required?	<input type="checkbox"/> YES <i>(If yes, please complete the section below)</i> <input type="checkbox"/> NO
Will alcohol be served by a licensed bartender?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If no, who will be serving the alcohol?</i>	
Describe training and/or experience of persons serving the alcohol:	
Average age of attendees:	
What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons?	
Does applicant have valid liquor license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will there be an open bar?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will alcohol be sold by the drink?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is BYOB (bring your own bottle) allowed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Estimated alcohol gross receipts:	\$ _____

D. HIRED/NON-OWNED AUTO COVERAGE

Is hired/non-owned auto required?	<input type="checkbox"/> YES <i>(If yes, please complete the section below)</i> <input type="checkbox"/> NO
<input type="checkbox"/> Check here if you are required by contract to acquire hired/non-owned auto <u>and you are not being loaned, rented, or leased any vehicles</u> (if checked, please do not complete this section).	
Are drivers at least 25 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do all drivers have a valid United States driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do any of the hired vehicles seat more than 12 people?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What will the vehicle(s) be used for?	

E. ADDITIONAL INSURED(S)

Are Additional Insured(s) required?	<input type="checkbox"/> YES <i>(If yes, please complete the section below)</i>				<input type="checkbox"/> NO	
1. Additional Insured Name:						
Address:						
City:		State:		Zip:		
Associated Event(s):						
2. Additional Insured Name:						
Address:						
City:		State:		Zip:		

F. WAIVER OF SUBROGATION

Does your contract require a "Waiver of Subrogation"?	<input type="checkbox"/> YES <i>(If yes, please complete the section below)</i>		<input type="checkbox"/> NO	
What is the name of the entity requesting the Waiver of Subrogation?				
What is the involvement in the event?				

G. INLAND MARINE COVERAGE

Is Inland Marine Coverage required?	<input type="checkbox"/> YES <i>(If yes, please complete the section below)</i>		<input type="checkbox"/> NO	
What type of property do you need coverage for?				
What is the value for this property?				
Will the property be stored overnight?				
<i>If yes, please provide details of how it will be stored:</i>				
Will the Insured be responsible for transporting the property?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<i>If yes, please describe how it will be transported:</i>				
<i>If no, who is transporting the property?</i>				
Will the property stay in the possession of the insured at all times prior to returning to rental company?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<i>If no, please explain:</i>				