



# Special Event Application

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**Indemnity Insurance Corporation**  
950 Ridgebrook Rd, Suite 1500  
Sparks, MD 21152  
Phone: 410-472-6000  
Fax: 410-472-6020  
www.IICDC.com

\*Must complete a separate application for each location.

## Applicant Section

Name of Applicant:(corporate name)	Name of Event:	
Contact Name:	Phone:	
Mailing Address 1:	Fax:	
Mailing Address 2:	Email:	
City:	State:	Zip:
<b>Applicant's Role(s) for the Event:</b> (check all that apply)		
<input type="checkbox"/> Promoter	<input type="checkbox"/> Producer	<input type="checkbox"/> Sponsor
<input type="checkbox"/> Financial Backer	<input type="checkbox"/> Venue Owner	<input type="checkbox"/> Talent Purchaser
<input type="checkbox"/> Other: (describe)		

## Event Section

Website of Event:	Location of Event:	
Location Address 1:	Location Address 2:	
City:	State:	Zip:
Full Schedule/Description and Purpose of Event:		
Event is being held at multiple Locations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Location of Event is:</b> (check all that apply)		
<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors
<input type="checkbox"/> Private Residence	<input type="checkbox"/> Public Hall/Arena	<input type="checkbox"/> Other Venue:
<input type="checkbox"/> Stadium/Amphitheater		
<b>Dates of Attendance:</b>		
Dates of Event including set up and/or tear down days:		Begin:      End:
Total # of actual event days: (not including set or tear down days)	Estimated attendance per day:	Estimated total attendance for total event:
	Maximum Capacity at location:	
Attendance: (check all that apply) <input type="checkbox"/> Invitation Only <input type="checkbox"/> Paid Ticketed Admission <input type="checkbox"/> Free Event		

**Event will include:** (check all that apply)

<input type="checkbox"/> Motor-sports(not including static auto shows)	<input type="checkbox"/> Alcoholic Beverages Sold or Served
<input type="checkbox"/> Any locations outside of the United States	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Rodeo	<input type="checkbox"/> Camping
<input type="checkbox"/> Gun or Knife Sales	<input type="checkbox"/> Vendors
<input type="checkbox"/> Historic Battle Re-enactments	<input type="checkbox"/> Tents that require stakes or supports driven into the ground
<input type="checkbox"/> Any activities on or utilizing bodies of water	<input type="checkbox"/> Amusement, Mechanical, Inflatable, Interactive Devices, or Rides
<input type="checkbox"/> Aircraft/ Watercraft/ Hot-Air Balloons	<input type="checkbox"/> Food Concessions
<input type="checkbox"/> Blood Drive	<input type="checkbox"/> Animals
<input type="checkbox"/> General Admission	<input type="checkbox"/> Athletic or Contestant Participations or Competitions
<input type="checkbox"/> Assigned Seating	<input type="checkbox"/> Pyrotechnics or Open Flames
<input type="checkbox"/> Tents Larger than 600 Square Feet	<input type="checkbox"/> After-Hours Parties
<input type="checkbox"/> Tattooing or Piercing	<input type="checkbox"/> Patron Parking On-Site



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## Exposure Section

**Applicant is responsible for:** (check all that apply - only check if applicant is responsible for or is performing the action)

- Applicant is responsible for Acting as or Hiring Security
- Applicant is responsible for Renting, Leasing, or Licensing the Location
- Applicant is responsible for Acting as or Hiring Ushers/ Ticket Takers
- Applicant is responsible for Parking Control
- Applicant is responsible for Renting or Erecting Staging, Sound, Lights, Other Production
- Applicant is responsible for Hiring or Engaging Talent
- Applicant is responsible for Providing or Hiring Medical Services
- Applicant is responsible for Food Concessions
- Applicant is responsible for Non-Food Concessions
- Applicant is responsible for Hiring Motor Vehicles
- Applicant is responsible for Hiring Mobile Equipment (fork lifts, golf carts, ATV's, etc.)
- Applicant is responsible for Selling or Serving Alcoholic Beverages
- Applicant is responsible for Using Mobile Equipment to Shuttle or Transport People On-site or Off-site

## Coverage Section

General Liability	Limit
Per Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Products/Completed Operations	\$1,000,000
Personal/Advertising Injury	\$1,000,000
Fire Legal	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000
Medical Payments	Excluded
Do you require any Additional Insured's to be added?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver of Subrogation	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
Liquor Liability	<input type="checkbox"/> Excluded <input type="checkbox"/> \$1,000,000
Hired Auto	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
Non-Owned Auto	<input type="checkbox"/> Included <input type="checkbox"/> Not Included
Terrorism Coverage (TRIA)	<input type="checkbox"/> Included <input type="checkbox"/> Not Included



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**FRAUD STATEMENT:** Any person who knowingly and with the 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.

Please check the appropriate box in each of the below claim history questions.

The Applicant hereby certifies, based upon reasonable and diligent investigation and to the best of the knowledge of the applicant, its owners, officers, employees and representatives, that with respect to the insured operation(s) and location(s) for which this application is being submitted:

There  have /  have not been two or more claims in any single policy period.

There  have /  have not been at any time any alcohol-related claims.

There  have /  have not been claims during any policy period exceeding \$25,000 in value based upon either the accumulated reserve or paid settlement amount.

**WARRANT:** THE UNDERSIGNED REPRESENTS AND WARRANTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTH ON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ANY DAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HERewith, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Signature of applicant\* \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be Owner, Officer, or Partner) (Required) (Required)

\* SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.