



400 Commerce Court
Goldsboro, NC 27533
Phone: 877-225-5744
Fax: 919-751-1042

Clear Form

SPECIAL EVENT APPLICATION

Applicant Name: _____

Applicant Mailing Address: _____

Legal Entity: ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Joint Venture
☐ Corporation ☐ Joint Venture ☐ Other: _____

Website Address: _____

Location Address of Event: _____

Effective date: _____ to _____ ☐ Short Term ☐ Annual

Limits: \$ _____ Occurrence \$ _____ General Aggregate

Additional Coverage desired:

Host Liquor Liability: ☐ Yes ☐ No Limits: \$ _____
Assault & Battery: ☐ Yes ☐ No Limits: \$ _____
Participants Liability ☐ Yes ☐ No Low exposure events only.

Applicants experience in this operation: _____

Number of event days: _____

Estimated attendance per day: _____

Event to be held: ☐ Indoors ☐ Outdoors

Is Applicant: ☐ Sponsor ☐ Operator

If Sponsor:

Are certificates of insurance obtained from vendors? ☐ Yes ☐ No

Carrier Name: _____

Limits of Insurance: _____ Occurrence _____

Hold Harmless: ☐ Yes ☐ No

Does applicant agree to hold harmless any third party? ☐ Yes ☐ No

Is applicant held harmless by others? ☐ Yes ☐ No

If answer to above is yes, attach copies of contract: ☐ Attached

Event Type (Please choose) see company guidelines for acceptability:

- | | |
|--|---|
| ☐ Air shows | ☐ Motorcycle events or rallies of any kind |
| ☐ Amusement devices / rides | ☐ Mud Events – All |
| ☐ Interest of Sponsor | ☐ Parachute Jumping / Skydiving |
| ☐ Interest of Applicant Operator | ☐ Petting Zoos |
| ☐ Amusement parks | ☐ Political Conventions or Rallies |
| ☐ Animal rides | ☐ Portable Bleachers |
| ☐ Athletic participants- contact sports | ☐ Prize Indemnification |
| ☐ Balloon rides | ☐ Professional wrestling, boxing or similar events involving professionals |
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| ☐ Black Powder Rifles | ☐ Racing any type of motorized vehicles |
| ☐ Boat shows (with in-water exposure) | ☐ Raves, After Hours Club Events, or similar type |
| ☐ Bungee jumping | ☐ Renaissance Festival |
| ☐ BYOB Events | ☐ Snow Mobiles |
| ☐ Carnivals | ☐ Survivalist Games |
| ☐ Demolition Derbies | ☐ Tough Man Contests |
| ☐ Demonstrations – Marchers | ☐ Trampoline Games |
| ☐ Fireworks (All) | ☐ Ultimate Fighting Events |
| ☐ Sponsor ☐ Operator | ☐ War Games |
| ☐ Foam Parties | ☐ Water Slides |
| ☐ Fraternity/Sorority Events | ☐ Wrestling Camps |
| ☐ Grad Nights | ☐ Zoos |
| ☐ Gun and Knife Shows | ☐ Other Event not listed above |
|
 | (Please describe in detail): _____ |
| ☐ Hard Rock, Heavy Metal, Punk, Reggae, Rap or Hip-Hop Concerts | _____ |
| ☐ Haunted Houses (click all that apply) | _____ |
| ☐ Slides ☐ Moving Floors | _____ |
| ☐ No Mechanical Devices / Rides | _____ |
| ☐ With Mechanical Devices / Rides | _____ |
|
 | |
| ☐ Hayrides: | |
| ☐ Private Roads | |
| ☐ Public Roads | |
|
 | |
| ☐ Hazardous Demonstrations | |
| ☐ Hired &/or Non-Owned Auto | |
| ☐ Inflatables | |

Loss experience:Loss Experience if event held in prior year: ☐ Yes ☐ No

Number of years event held: _____

_____	_____	_____
Date of Loss	Details of Loss	Amount Paid (Open and Closed)
_____	_____	_____
Date of Loss	Details of Loss	Amount Paid (Open and Closed)
_____	_____	_____
Date of Loss	Details of Loss	Amount Paid (Open and Closed)

UnderwritingDoes the applicant have experience organizing and executing this type of event? ☐ Yes ☐ NoIs there a plan in place to address emergency situations? ☐ Yes ☐ NoVenue appropriate for the event? ☐ Yes ☐ NoIs the event set-up inspected for hazards prior to opening to the general public? ☐ Yes ☐ NoIf alcohol is being served, verify that Liquor Liability is in place. ☐ Yes ☐ NoAre vendors/exhibitors required to show evidence of liability insurance in place? ☐ Yes ☐ NoAre participants required to sign liability waivers. Are waivers kept on file? ☐ Yes ☐ NoAre parking facilities adequate for the event? ☐ Yes ☐ NoProvide advertising flyers for the event. ☐ AttachedDoes applicant require products coverage for other than food? ☐ Yes ☐ No

Explanation of all "no" answers above: _____

Additional Interest*: ☐ Yes ☐ No Number: _____ ☐ See Attached

_____	_____	_____
Name	Address	Interest
_____	_____	_____
Name	Address	Interest
_____	_____	_____
Name	Address	Interest
_____	_____	_____
Name	Address	Interest

Crowd Control (Click all that apply):

- ☐ Barricades
- ☐ Guard dogs – Number of handlers _____ Are handlers certified: ☐ Yes ☐ No
- ☐ City Police – Number of officers: _____
- ☐ Off-Duty Police: Number of Armed: _____ Number of Unarmed: _____
- ☐ Private Security: Number of Armed: _____ Number of Unarmed: _____
- ☐ Ushers – Number of Ushers: _____
- ☐ Other (please describe in detail): _____

If an outside service is used, verify that the service has liability coverage in place ☐ Yes ☐ No

If yes, is applicant listed as an Additional Insured? ☐ Yes ☐ No

Is applicant providing security/crowd control? ☐ Yes ☐ No

If yes, does applicant train the staff providing this service? ☐ Yes ☐ No

Explanation of “no” responses above: _____

PRODUCER'S SIGNATURE

DATE

APPLICANT SIGNATURE

DATE