

## Special Event Liability Group Insurance Trust Event Application – Commercial General Liability

**THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.**

**Applicant Information**

1. Named Insured (Event Holder) is a:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Individual            | <input type="checkbox"/> LLC or LLP                  | <input type="checkbox"/> Limited Partnership    |
| <input type="checkbox"/> Corporation           | <input type="checkbox"/> Public Agency               | <input type="checkbox"/> Not-For-Profit         |
| <input type="checkbox"/> Trust or Estate       | <input type="checkbox"/> Labor Union                 | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Unincorporated Assoc. | <input type="checkbox"/> Informal Group or Committee | <input type="checkbox"/> Joint Venture          |
| <input type="checkbox"/> General Partnership   | <input type="checkbox"/> Other                       |   |

Describe: \_\_\_\_\_

2. Named Insured (as it is to appear on the policy):

\_\_\_\_\_ (Event holder name as shown on the permit or rental agreement)

Is this Named Insured the:

- Property Owner?     Yes    No  
 Property Manager?    Yes    No

2a. Are you a:

- Vendor?                     Yes    No  
 Instructor?                 Yes    No  
 Event Holder?              Yes    No

3. Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Contact Person \_\_\_\_\_

5. E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

6. Home Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

7. Fax # \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Event Information**

8. Name & Type of Event: \_\_\_\_\_

9. Name of Facility \_\_\_\_\_  
 (name of place where event is being held)

10. Event Location \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

11. Facility Owner \_\_\_\_\_

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12. Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

13. Is there a Property Manager that requires being included as Additional Insured?  
 Yes  No If yes, Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

14. Are there any caterers, vendors, concessionaires, exhibitors, entertainers, promoters or sponsors which are to be included as an Insured under this insurance policy?  
 Yes  No If yes, provide their name, mailing address and type of service to your Event.

**(Type of service = caterer, vendor, concessionaire, exhibitor, entertainer, promoter or sponsor)** Add additional pages if required.

**Type of Service:** \_\_\_\_\_  
 Sells or Serves Alcoholic Beverage  Yes  No  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Type of Service:** \_\_\_\_\_  
 Sells or Serves Alcoholic Beverage  Yes  No  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

15. List each date the Event will be held, expected attendance and event duration each day. Include event set up and take down days. Indicate if alcoholic beverage is sold or served for each day. Attach a separate page if necessary. If the time goes past midnight, be sure to include the new day and the hours.

Date	Event Hours		Attendance (Expected)	Alcoholic Beverages				Hours when Alcoholic Beverages are served or sold	
	Start	End		Served	Sold		Start	End	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

16. Describe the Event and list all activities. Attach a separate page if necessary. If the Event is more than one day, include the date(s) each activity occurs.

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Quinceanera |
| <input type="checkbox"/> Baby Shower | <input type="checkbox"/> Engagement   | <input type="checkbox"/> Reception   |
| <input type="checkbox"/> Baptism     | <input type="checkbox"/> Graduation   | <input type="checkbox"/> Retirement  |

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- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Bar mitzvah | <input type="checkbox"/> Lecture (Describe Topic) | <input type="checkbox"/> Reunion                       |
| <input type="checkbox"/> Bat mitzvah | <input type="checkbox"/> Meeting (Describe Topic) | <input type="checkbox"/> Wedding                       |
| <input type="checkbox"/> Birthday    | <input type="checkbox"/> Ordination               | <input type="checkbox"/> Wedding Shower                |
|                                      |   | <input type="checkbox"/> Other (Describe below): _____ |

17. If Birthday, please indicate the year which is being celebrated.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1yr. - 8yrs.    | <input type="checkbox"/> 21yrs. - 29yrs. | <input type="checkbox"/> 50yrs. - 59yrs. |
| <input type="checkbox"/> 9yrs. - 13yrs.  | <input type="checkbox"/> 30yrs. - 39yrs. | <input type="checkbox"/> 60 and over     |
| <input type="checkbox"/> 14yrs. - 20yrs. | <input type="checkbox"/> 40yrs. - 49yrs. |  |

18. If concert, will dancing be permitted?  Yes  No  
 If yes, is there a designated dance floor or area?  Yes  No

19. Do you expect any celebrities or highly public individuals to attend or participate in your event?  
 Yes  No

If yes, please list the individuals and classify the individual entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc.

Individual	Class of Celebrity or Public Figure
------------	-------------------------------------

20. For all Events, please indicate the expected age range of the attendees.

- |                                       |                                  |                                  |                                      |
|---------------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 13 and under | <input type="checkbox"/> 24 - 29 | <input type="checkbox"/> 40 - 49 | <input type="checkbox"/> 60 and over |
| <input type="checkbox"/> 14 - 23      | <input type="checkbox"/> 30 - 39 | <input type="checkbox"/> 50 - 59 |                                      |

21. Will your Event have overnight stay or lodging?  Yes  No  
 If yes, lodging is arranged by:  Event Holder  Attendees

22. Is the Event Holder required to add as additional insured the Property Owner providing the lodging?  Yes  No

Property Owner Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lodging Facility Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

23. Is your Event indoor, outdoors or both?

- Indoor  Outdoor  Both

24. The Event is:  Open to the Public  Private Group  Personal Invitation Only

25. Will you sell tickets to attend the Event?  Yes  No If yes,

1. How many tickets do you expect to sell? \_\_\_\_\_

2. What is the expected total receipts from ticket sales? \_\_\_\_\_

3. What is the price per admission ticket? \_\_\_\_\_

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4. Tickets are:  Pre-sold Only  Sold only at the door  Both
26. Do you expect to receive donations to attend this Event?  Yes  No
27. Seating at the Event is:  Assigned Seating  Open Seating  
 Bring Your Own Seating  Grandstands or Bleachers
28. Will the Event have security?  Yes  No

If yes, show type of security and list number of security personnel.

Type of Security & # of Security Personnel

Type of Security	#	Type of Security	#
<input type="checkbox"/> Facility Security	___	<input type="checkbox"/> Private Security Co.	___
<input type="checkbox"/> Private Security-Not employees of a Security Co.	___	<input type="checkbox"/> Police or Sheriff	___
<input type="checkbox"/> Peer Group or Ushers	___	<input type="checkbox"/> Employees of Event Holder	___
<input type="checkbox"/> Parent Chaperones	___	<input type="checkbox"/> Volunteers	___

29. Security will be:  Armed  Unarmed # of Persons: \_\_\_
30. Is the Event being advertised or promoted?  Yes  No If yes, how? (Include all methods)
- Television  Yes  No Radio  Yes  No
- News Paper  Yes  No Brochure  Yes  No
- Handout or Announcement  Yes  No Billboard  Yes  No
- Poster  Yes  No Other  Yes  No
- Event Web site  Yes  No

Describe

Website address

- 31a. Will alcoholic beverages be served?  Yes  No If yes,
- 1) Will you charge a fee or collect a ticket?  Yes  No
- 2) Do people pay to attend?  Yes  No
- 3) Do you receive a donation?  Yes  No
- 31b. Type of Alcoholic Beverage:  Beer  Wine or Champagne  Mixed Drinks or Full Bar
- 31c. Estimated sales receipts for Alcoholic Beverages \_\_\_\_\_
- 31d. Do you have a caterer or vendor serve or sell the alcoholic beverage?  
 Yes  No
- If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance?  Yes  No
- 31e. How many different locations at the Event will alcoholic beverage be served or sold? \_\_\_\_\_

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**31f.** Are you required to obtain or have a liquor license for your Event?

Yes  No

**31g.** What management practices do you have in place to monitor and control the consumption of alcoholic beverages?

- Yes  No Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted.
- Yes  No Everyone must show identification to receive an alcoholic beverage.
- Yes  No Individuals over the legal drinking age receive a wristband or other form of identification.
- Yes  No There is a limit of two servings provided to any one individual per visit to the concession.
- Yes  No Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated.
- Yes  No The concession or bar is closed at least one hour prior to the end of the Event.

**32.** Does your Event include any athletic or recreational activity?  Yes  No

If yes, list each activity, the date of the activity and the number of participants each day.

<u>Date</u>	<u>Activity</u>	<u># of Participants</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**33.a** Explain your procedure for collecting and keeping Waivers and Release of Liability Forms, which have been signed by all participants. (The insurance policy will have a warranty that all athletic participants are required to sign a Waiver and Release of Liability. The insurance policy will exclude any claim for injury by an athletic participant, if that individual did not sign a Waiver and Release of Liability).

**33.b** Provide a copy of the Waiver and Release of Liability, which will be signed by all participants.

**34.a** Will your Event have music?  Yes  No  
 If yes, what type of music?  Live Music  Disc Jockey  Stereo/CD Player

**34.b** What type of music will be played? Indicate all types, which will be played.

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1950's/1960's             | <input type="checkbox"/> Folk        | <input type="checkbox"/> Punk       |
| <input type="checkbox"/> Acid Rock                 | <input type="checkbox"/> Funk        | <input type="checkbox"/> Rap        |
| <input type="checkbox"/> Alternative               | <input type="checkbox"/> Goth        | <input type="checkbox"/> Rave       |
| <input type="checkbox"/> Big Band                  | <input type="checkbox"/> Goth Metal  | <input type="checkbox"/> Reggae     |
| <input type="checkbox"/> Blues                     | <input type="checkbox"/> Hard Rock   | <input type="checkbox"/> Rockabilly |
| <input type="checkbox"/> Bubblegum                 | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> Ska        |
| <input type="checkbox"/> Classical                 | <input type="checkbox"/> Hip Hop     | <input type="checkbox"/> Soft Rock  |
| <input type="checkbox"/> Country Soul              | <input type="checkbox"/> Industrial  | <input type="checkbox"/> Soul       |
| <input type="checkbox"/> Country & Western         | <input type="checkbox"/> Jazz        | <input type="checkbox"/> Symphony   |
| <input type="checkbox"/> Death Rock                | <input type="checkbox"/> New Wave    | <input type="checkbox"/> Techno     |
| <input type="checkbox"/> Disco                     | <input type="checkbox"/> Pop         | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Ethnic or Foreign Culture | <input type="checkbox"/> Psychedelic | _____                               |

Describe

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35. Does the Event include any of the following activities? If yes, describe the activity on a separate page.

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Inflatable Activities (please provide a list of each Inflatable Activity)       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Animals or Animal Acts  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Climbing Wall   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Horseback Riding or use of Horses   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skate Board Activities  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Roller Blade or Roller Skate Activities   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bicycle or Unicycle Activities  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Watercraft Activities or Use  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Guns  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Fire  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Chemicals   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Providing Medical or Chiropractic Information or Care                           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any Construction or Demolition Work   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any use of Scaffolding or Elevated Platform more than 4 feet above ground level |

If yes, please explain:

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36. Does the Event include any of the following? **Claims arising out of each is excluded under this insurance policy.**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aircraft, Balloon Ride or Gliders  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | All Terrain Boarding   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Base Jumping   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bouldering   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Boxing, Wrestling, Hockey, Contact Karate or Martial Arts, Football, Lacrosse or Rugby           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bungee Jumping   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Circus Acts or Carnival Rides  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Concerts exceeding 6 hours of performance time   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Concert or Dance with Mosh Pit   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diving, Platform Diving or Spring Board Diving   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hang Gliding   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kayaking, Rafting or Canoeing  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mechanical Amusement Ride  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Motorized Sporting Equipment   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mountain Biking  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Power Boats  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Professional Sporting Activity; Games, Races or Contest of a professional nature with cash prize |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pyrotechnics, Fireworks, Explosives, Black Powder  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rap, Heavy Metal or Rock Concert   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rock Climbing  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rodeo and Roping Events (including practice)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skin Diving  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Scuba Diving   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sky Diving   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tractor Pull/Truck Pull  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trampoline   |

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37. Have you held this Event or a similar Event in past years?  Yes  No

If yes, please list all claims arising during the past five years from the Event.  None

Date of Claim	Claimant	Description	Paid to Date	Total Expected

38. Do you require that any vendors or Event service providers provide Certificates of Insurance and name you and the property owner as Additional Insureds?

Yes  No

If yes, provide a copy of the Certificate of Insurance from the vendors or service providers from whom you have received Certificates and Additional Insured Endorsements.

39. Do you have an Emergency Evacuation Plan?  Yes  No

If yes, explain how Event Management and Event Attendees are notified.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

40. Will there be Medical Personnel present at the Event?  Yes  No If yes, identify the number of:

Doctors	_____	EMT/EMS	_____
Paramedics	_____	Other	_____
Nurses	_____		_____

41. Is there an Ambulance on site?  Yes  No

42. The following items are required to be submitted with this information form.

- 1) Copy of all Certificates of Insurance from vendors that list you as an Additional Insured. (If you have received them.)
- 2) Copies of all Brochures, Promotional Materials and Event Advertising.
- 3) Copy of the Complete Schedule of Events or Activities.
- 4) Copy of the Waiver and Release of Liability to be signed by Participants in any recreational or athletic activity.

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to Special Event Liability Group Insurance Trust. Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

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Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**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.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

(Owner, Partner or Officer)

**THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS  
COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.**

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