Special Event Liability Insurance Quote

**My fax number is: My email is:**

**If you have any questions, you can call me at:**

The Limit of Liability I require is:

$1,000,000 Each Occurrence $4,000,000 Each Occurrence

$2,000,000 Each Occurrence $5,000,000 Each Occurrence

$3,000,000 Each Occurrence

Print your name so it is very legible:

Other instructions:

* Individual or organization (renter) must be listed as insured
* **The Curators of the University of Missouri** must be listed as the additional insured. c/o Risk & Insurance Management 1105 Carrie Francke Dr., Ste. 109, Columbia, MO 65211 email: [risk@umsystem.edu](mailto:risk@umsystem.edu), fax: 573-882-7861 phone: 573-882-8100.
* Policy start and end date must encompass the entire length of your event.
* The policy must include General Liability coverage of a least $1,000,000.

**Agency Information** *(Complete only if you are an Insurance Broker)*

Name of Insurance Agency/Broker:

Contact Person: Phone: Fax:

M/A:

City: State: Zip:

E-mail: Website:

License #: State:

Following is a free-form area that you can use if you need additional space to answer any of the questions. Please specify the Question # to help us identify which question you are explaining:

**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:

Individual Corporation Trust or Estate

Unincorporated Assoc. General Partnership

LLC or LLP Public Agency Labor Union

Informal Group or Committee

Other

Describe:

Limited Partnership

Not-For-Profit

Religious Organization

Joint Venture

**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 |
| **2a.** | Property Manager?  Are you a: | Yes | No |
|  | 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:

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**HUB International Insurance Services Inc.**

**P.O. Box 4047, Concord, CA 94524-4047** *2*

PH: 925-609-6500  FX: 925-609-6550  Email: [specialevent@hubinternational.com](mailto:specialevent@hubinternational.com)

Website: [www.eventinsure.com](http://www.eventinsure.com/)  License #: 0757776

**11.** Facility Owner:

**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 | Alcoholic Beverages | | | | Hours when Alcoholic  Beverages are served or sold | |
| Start | End | (Expected) | Served | | Sold | | Start | End |
|  |  |  |  | Yes | No | Yes | No |  |  |
|  |  |  |  | Yes | No | Yes | No |  |  |
|  |  |  |  | Yes | No | Yes | No |  |  |
|  |  |  |  | Yes | No | Yes | No |  |  |
|  |  |  |  | Yes | No | Yes | No |  |  |
|  |  |  |  | Yes | No | Yes | No |  |  |
|  |  |  |  | Yes | No | Yes | 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.

|  |  |  |
| --- | --- | --- |
| Anniversary | Confirmation | Quinceanera |
| Baby Shower | Engagement | Reception |
| Baptism | Graduation | Retirement |
| Bar mitzvah | Lecture (Describe Topic) | Reunion |
| Bat mitzvah | Meeting (Describe Topic) | Wedding |
| Birthday | Ordination | Wedding Shower |
|  |  | Other (Describe below): |

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

|  |  |  |
| --- | --- | --- |
| 1yr. – 8yrs. | 21yrs. – 29yrs. | 50yrs. – 59yrs. |
| 9yrs. – 13yrs. | 30yrs. – 39yrs. | 60 and over |
| 14yrs. – 20yrs. | 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.

|  |  |  |  |
| --- | --- | --- | --- |
| 13 and under | 24 – 29 | 40 – 49 | 60 and over |
| 14 – 23 | 30 – 39 | 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?

**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** | **#** |
| Facility Security |  | Private Security Co. |  |
| Private Security-Not employees of a Security Co. |  | Police or Sheriff |  |
| Peer Group or Ushers |  | Employees of Event Holder |  |
| Parent Chaperones |  | Volunteers |  |

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

Event Web site: Yes No 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?

**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.

Date Activity # of Participants

**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.

1950’s/1960’s Acid Rock Alternative

Big Band Blues Bubblegum Classical Country Soul

Country & Western

Death Rock

Disco

Ethnic or Foreign Culture

Folk Funk Goth

Goth Metal Hard Rock Heavy Metal Hip Hop Industrial Jazz

New Wave Pop Psychedelic

Punk Rap Rave Reggae

Rockabilly

Ska

Soft Rock

Soul Symphony Techno

Other Describe:

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

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

If yes, please explain:

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

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

**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.

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.