



# Allen Financial Insurance Group

## Special Event Application

### Contact Information

Name of Company/Organization: \_\_\_\_\_

Entity Type:  Corporation  LLC  Non-Profit  Individual  Other \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

### Qualification Questions

Any: Stunts, Pyrotechnics, Aircrafts, Car Races, Mechanical Devices, Film Production, Bounce Houses, Animals, Rides, Water Activity or Other Hazardous Activities? \*Describe: \_\_\_\_\_ **Yes**  **No**

Will The Event Take Place in the United States? **Yes**  **No**

Any Armed Private Security Guards Hired By You or Your Company? **Yes**  **No**   
\*Describe \_\_\_\_\_

Have You Had Any Liability or Property Losses in the Past 5 years? **Yes**  **No**   
If yes, please describe on separate sheet of paper

Will alcohol be served at the event? **Yes**  **No**   
If yes, will you make profit off the sale of alcohol? **Yes**  **No**   
Projected Profit: \$ \_\_\_\_\_

### For Live Music/Concerts DJ Only

Type/Genre of Music:  Rap & Hip Hop  R&B / Soul  Rock  Heavy Metal  Pop  Punk

(Check all that apply)  Jazz  Country  Classical  Blue Grass  Blues  Alternative

Christian  Gospel  Electronic  Other \_\_\_\_\_

Artist Name(s): \_\_\_\_\_

\_\_\_\_\_



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### Event Details

Dates of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (same date if one day)

Type of Event: \_\_\_\_\_ Total "Event Days" \_\_\_\_\_

Average Daily Attendance \_\_\_\_\_ Athletic Participants/Performers: \_\_\_\_\_

Venue Name: \_\_\_\_\_

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

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

Event Name: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_\_\_\_

Budget: (Total cost of event): \$\_\_\_\_\_ Cost of Admission \$\_\_\_\_\_

Event will be:  Indoors  Outdoors  Partially Outdoors

List of Celebrities (if any) at Event: \_\_\_\_\_

Number of Vendors/Exhibitors the will be at your event? Vendors \_\_\_\_\_ Exhibitors \_\_\_\_\_

### Coverage

General Liability: \$1,000,000 per occurrence / \$2,000,000 Aggregate

### Additional Coverage (Optional)

Excess Coverage/Umbrella:  \$1,000,000  \$2,000,000  \$3,000,000  4,000,000  \$5,000,000

Event Cancellation:  Adverse Weather  Non-Appearance

Covered Amount: \$\_\_\_\_\_  Cost/Expenses  Gross Revenue

Property: Rented Equipment: \$\_\_\_\_\_ Owned Equipment: \$ \_\_\_\_\_

Non-Owned & Hired Auto: (\$1,000,000 limit):  Include

Waiver of Subrogation:  Include



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**Additional Insured's** (if any) Use space provided below if custom wording or requirements are needed

<input type="checkbox"/> <b>Additional Insured</b> / <input type="checkbox"/> Check here if venue is to be added as an additional insured as it is listed above		
NAME		
Mailing Address		
City	State	Zip Code

<input type="checkbox"/> <b>Additional Insured #2</b> (use additional sheet if needed)		
NAME		
Mailing Address		
City	State	Zip Code

**\*Please list any additional information that may be important or helpful:**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the Company until accepted by the Company or Companies but that the information contained herein shall be the basis of the Contract should a policy be issued.

**FRAUD WARNING: Any person who knowingly and with intent to defraud any 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 which is a crime.**

**WARRANTY**

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of Coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application Shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to Allen Financial Insurance Group, Inc. and its Companies for Commercial General Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or Collection becomes necessary.

<b>Signature:</b>	<b>Date:</b> /     /
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