



IFG Companies<sup>SM</sup>

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INSURED \_\_\_\_\_  
EFFECTIVE DATE \_\_\_\_\_

PRODUCER CODE \_\_\_\_\_  
STATE CODE \_\_\_\_\_

**SPECIAL EVENTS APPLICATION**

1. NAME OF APPLICANT APPLICANT IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER (Specify)				
STREET ADDRESS		CITY	STATE	ZIP CODE

2. ADDRESS OF EVENT:  
DESCRIBE LOCATION OF EVENT:

3. DATE OF EVENT	FROM	TO	COVERAGE DATES REQUIRED (IF OTHER THAN EVENT DATES)
TIME OF EVENT	FROM	TO	

4. ESTIMATED ATTENDANCE PER DAY:	TOTAL ESTIMATED PARTICIPANTS:	GROSS RECEIPTS:	MAXIMUM CAPACITY OF LOCATION OF EVENT:
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5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING, BROCHURE, ETC., IF ANY):

6. EVENT WILL BE HELD: <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS	8. CROWD CONTROL																		
7. SEATING WILL BE: <input type="checkbox"/> RESERVED SEATING <input type="checkbox"/> GENERAL ADMISSION	<table border="1"> <thead> <tr> <th>TYPE</th> <th>NUMBER</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> USHERS</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> PRIVATE SECURITY</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> OFF-DUTY POLICE</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> POLICE</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> GUARD DOGS</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> OTHER (DESCRIBE) _____</td> <td>_____</td> </tr> </tbody> </table>	TYPE	NUMBER	<input type="checkbox"/> USHERS	_____	<input type="checkbox"/> PRIVATE SECURITY	_____	<input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED	_____	<input type="checkbox"/> OFF-DUTY POLICE	_____	<input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED	_____	<input type="checkbox"/> POLICE	_____	<input type="checkbox"/> GUARD DOGS	_____	<input type="checkbox"/> OTHER (DESCRIBE) _____	_____
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9. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.):

10. ANY CELEBRITIES TO BE PRESENT?  Yes  No  
IF YES, PROVIDE NAME(S):

**SPECIAL NOTE:**

**THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT**  
Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.



IFG Companies\*

11. WILL BLEACHERS OR PLATFORMS BE USED?  Yes  No IF YES:

A.  PERMANENT  PORTABLE

B. CONSTRUCTION:  WOOD  STEEL  CONCRETE  OTHER (describe)

C. HEIGHT \_\_\_\_\_ FT.

D. AGE \_\_\_\_\_ YEARS

E. BACK AND SIDE RAILINGS PROVIDED  Yes  No

F. OVERALL CONDITION (DESCRIBE):

12. DOES EVENT INVOLVE:	HAZARD	INTEREST OF APPLICANT	
		SPONSOR	OPERATOR
	FIREWORKS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
	AMUSEMENT RIDES OR DEVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
	FOOD SALES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
	ALCOHOLIC BEVERAGE SALES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>

A. IF APPLICANT IS SPONSOR, DOES OPERATOR HAVE LIABILITY INSURANCE?  Yes  No

LIMITS \$ \_\_\_\_\_ NAME OF COMPANY \_\_\_\_\_

B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR?  Yes  No

13. HOLD HARMLESS AGREEMENTS:

A. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY?  Yes  No

B. IS APPLICANT HELD HARMLESS BY OTHERS  Yes  No

IF ANSWER TO A. OR B. IS YES, ATTACH COPIES OF CONTRACTS

14. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE.

DATE	NATURE OF LOSS	AMOUNT PAID OR OUTSTANDING

15. A. LIMITS OF LIABILITY DESIRED \$ \_\_\_\_\_ B. PRODUCTS COVERAGE DESIRED?  Yes  No

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\_\_\_\_\_  
DATE SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNATURE OF PRODUCER

REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS