

**We have an "A"  
rated insurer that  
writes short-  
term...**

# **SPECIAL EVENTS**

**Events up to 3 days,  
attendance up to  
10,000 per day**

- Craft Shows • Seminars
- Trade Shows • Pet Shows
- Walk-A-Thons • Home Shows
- Antique Shows • Fun-Runs
- Golf Tournaments • Wedding Receptions
- And many others...

## **Features**

- A.M. Best-rated "A" carrier
- Covers spectator and products liability
- Superior customer service
- High limits, up to \$1 million
- Additional insured coverage available
- Competitive rates



**Contact us for a  
quote on your  
next Special Event!**

# **FIRESTONE**

Insurance Underwriters | Excess & Surplus Lines Brokers | MGA  
1500 University Drive, Suite #212, Coral Springs FL 33071  
954.341.8331; 1.800.683.1150; Fax: 954.345.7620  
[www.firestoneagency.com](http://www.firestoneagency.com)

Submissions: [quotes@firestoneagency.com](mailto:quotes@firestoneagency.com) | ACORD Applications



### Special Event Application

Complete section(s) applicable to the type of event being held. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Event Location #1 \_\_\_\_\_

Event Location #2 \_\_\_\_\_

Event Location #3 \_\_\_\_\_

#### UNDERWRITING INFORMATION

1. Event Dates \_\_\_\_\_

Description of Event (**Attach** copy of flyer or brochure) \_\_\_\_\_

2. Estimated attendance per day \_\_\_\_\_ Total for all days event is held \_\_\_\_\_

Gross Sales \$ \_\_\_\_\_

3. Food or beverages sold or served by applicant? .....  Yes  No

If yes, provide details. \_\_\_\_\_

4. Alcoholic beverages on premises? .....  Yes  No

If yes, are they served by  applicant or  other? Is liquor liability coverage in place? .....  Yes  No

5. Seating arrangements – Describe (i.e., permanent, portable, bleachers, chairs, etc.) \_\_\_\_\_

If portable, who does the erection? \_\_\_\_\_

6. Setup – Describe all exposures (i.e., booths, stages, electrical, special effects, etc.) \_\_\_\_\_

Who is responsible for the setup? \_\_\_\_\_

7. Security – Describe (i.e., guards - unarmed vs. armed, dogs, off-duty police, etc.) \_\_\_\_\_

If guards are used, do they have their own insurance? .....  Yes  No

8. Parking facilities .....  Yes  No

Operated by:  Applicant  Others If others, do they have their own insurance? .....  Yes  No

Is parking area  Paved  Dirt  Other (describe) \_\_\_\_\_

9. Medical emergencies – describe how an emergency will be handled: \_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

10. Are certificates of insurance required from all subcontracted operations? .....  Yes  No

11. Does the applicant use any mobile equipment? .....  Yes  No

If yes, describe and give details of how it is used. \_\_\_\_\_

**ANIMAL EXPOSURE**

1. Are there animal rides? .....  Yes  No      If yes, are animals hand lead? .....  Yes  No

List the types of animals \_\_\_\_\_

Describe area where rides are given (arena, roped off area, etc.) \_\_\_\_\_

Is safety apparatus used? .....  Yes  No

2. Is there a petting zoo? .....  Yes  No      If yes, describe. \_\_\_\_\_

List the types of animals \_\_\_\_\_

How is it set up (fenced area, etc.)? \_\_\_\_\_

Is the area supervised? .....  Yes  No

**AMUSEMENT DEVICES – KIDDIE TYPE**

1. Provide a complete list of equipment. \_\_\_\_\_

2. Is applicant properly licensed to operate equipment? .....  Yes  No

3. Are the rides supervised at all times? .....  Yes  No

4. Does the vendor or subcontractor operate Kiddie rides? \_\_\_\_\_

**AMUSEMENT DEVICES – OTHER THAN KIDDIE TYPE**

Operator must have insurance and provide a certificate of insurance with limits and coverage at least equal to those requested on this application.

**DEMOLITION DERBY, MUD BOGS AND TRACTOR PULLS**

Provide description of facility (**Attach** diagram on separate sheet) including type of protection used to protect the spectators from flying debris, placement of barriers to keep vehicles a safe distance from spectators, etc. \_\_\_\_\_

**DOG RACES, HORSE RACES, RODEOS AND HORSE SHOWS**

1. Provide description of facility (**Attach** diagram on separate sheet) \_\_\_\_\_

2. Are spectators allowed in any area where animals are kept when not performing? .....  Yes  No

3. Do livestock contractors have their own insurance? .....  Yes  No

4. Is seating at least ten (10) feet from the arena? .....  Yes  No

**FAIRS AND CARNIVALS**

Provide complete description of event (**Attach** diagram on separate sheet indicating location of each exhibit, booth, ride, event, etc.) \_\_\_\_\_

**FIREWORKS EXHIBITION – SPONSOR’S RISK ONLY**

1. Pyrotechnicians must be licensed, have insurance and provide certificates of insurance with limits and coverage at least equal to those requested on this application. ....  Yes  No
2. Are volunteers used to perform any duties at the exhibition? .....  Yes  No
3. Spectators must be at least one hundred fifty (150) feet from where fireworks are being set off. Describe crowd controls used to maintain this distance. \_\_\_\_\_  
\_\_\_\_\_
4. Describe the duties performed by volunteers. \_\_\_\_\_

**MUSICAL CONCERTS**

1. Name of performer(s) and type of music \_\_\_\_\_
2. Do they have their own insurance? .....  Yes  No
3. Describe seating, i.e., bleachers, grass, folding chairs, etc. \_\_\_\_\_
4. Is seating assigned? .....  Yes  No
5. Type of venue. ....  indoor  outdoor  
If outdoors, if facility designed to accommodate this type of event? .....  Yes  No

**PARADES – SPECTATOR LIABILITY ONLY**

1. Provide complete description of parade including crowd control (**Attach** diagram of route and spectator areas on separate sheet.) \_\_\_\_\_  
\_\_\_\_\_
2. Provide number and type of floats. \_\_\_\_\_
3. Are there any animals in the parade? .....  Yes  No  
If yes, describe. \_\_\_\_\_
4. Are participants required to have their own insurance? .....  Yes  No

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)** \$ \_\_\_\_\_
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE** \$ \_\_\_\_\_
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)** \$ \_\_\_\_\_
- EACH OCCURRENCE** \$ \_\_\_\_\_
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)** \$ \_\_\_\_\_
- MEDICAL EXPENSE (ANY ONE PERSON)** \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____		
		_____		
		_____		
		_____		
		_____		

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  No

If yes, Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

**To Insureds in the States of:**

**Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:**

**NOTICE:** In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

### **Arkansas**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **Colorado**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### **Louisiana**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

### **New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### **New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

**Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania**

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 act, which is a crime, and subjects such person to criminal and civil penalties.

**Rhode Island**

**NOTICE:** Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

**Virginia**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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Producer's Signature	Date	Applicant's Signature	Date
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