

Union General Insurance Services, Inc.
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 Phone: 925-671-2128; Fax: 925-671-0171
 Web Site: www.uniongeneralinsurance.com

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"/> OTHER (Specify)			
				<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE			
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				TYPE:		NUMBER:	
				<input type="checkbox"/> USHERS		_____	
				<input type="checkbox"/> PRIVATE SECURITY ARMED <input type="checkbox"/> UNARMED <input type="checkbox"/>		_____	
				<input type="checkbox"/> OFF-DUTY POLICE ARMED <input type="checkbox"/> UNARMED <input type="checkbox"/>		_____	
				<input type="checkbox"/> POLICE		_____	
				<input type="checkbox"/> GUARD DOGS		_____	
<input type="checkbox"/> OTHER (DESCRIBE)		_____					

9. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.)							

10. ANY CELEBRITIES TO BE PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, PROVIDE NAME(S)			
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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.

11. WILL BLEACHERS OR PLATFORMS BE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO		A. <input type="checkbox"/> PERMANENT <input type="checkbox"/> PORTABLE	
B. CONSTRUCTION: <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/>			
C. HEIGHT _____ FT.		D. AGE _____ YEARS	
E. BACK AND SIDE RAILINGS PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		F. CONDITION (DESCRIBE)	

12. DOES EVENT INVOLVE: (IF NONE, CHECK <input type="checkbox"/>)	HAZARD	INTEREST OF APPLICANT	
	<input type="checkbox"/> FIREWORKS	SPONSOR	OPERATOR
	<input type="checkbox"/> AMUSEMENT RIDES OR DEVICES	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> FOOD SALES	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> ALCOHOLIC BEVERAGE SALES	<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

_____ SIGNATURE OF PRODUCER

REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS