



## Special Event Insurance Request for Quote

Instructions to obtain a Quote:

1. Complete form entirely to receive a quote. If the form is not completed, additional information will have to be attained before quoting.
2. Save completed form to your computer
3. Please send this form to: Email: smic\_information@amwins.com, Fax: (715) 344-6126  
Or mail to: Special Markets Insurance Consultants, Inc., 1055 Main Street, Suite 101, Stevens Point, WI 54481  
Phone: (800) 727-7642

*Request for quote form must be completed and returned for underwriter review. Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. Payment of premium is required to bind coverage.*

### SUBMISSION REQUIREMENTS

- Copy of rental agreement or contract to rent or use venue

### ACCOUNT INFORMATION

Named Insured \_\_\_\_\_  
(to be shown on policy declarations page)

Physical Address \_\_\_\_\_ Email \_\_\_\_\_

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

Fax \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location Address(es) (please attach additional pages if needed) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Event Start Date \_\_\_\_\_ Event End Date \_\_\_\_\_ Event Gross Revenues \_\_\_\_\_

Named Insured is:  Individual  Partnership  Corporation  Association  Other: \_\_\_\_\_  Non Profit

Years this entity in business \_\_\_\_\_ Years experience for this owner \_\_\_\_\_

**Coverage Requested:**  Accident Medical Medical Limits:  \$10,000  \$25,000  Other Limit \$ \_\_\_\_\_  
Accident Medical Deductible Options:  \$0  \$100  \$250  \$500  \$1,000  Other Limit \$ \_\_\_\_\_

Participant General Liability (Participants & spectators are included, accident coverage is required and Section D must be completed)  
Limits of Insurance Requested \$ \_\_\_\_\_

Spectator General Liability (complete Section D)  
Limits of Insurance Requested \$ \_\_\_\_\_

Abuse & Molestation (complete Section C) Limits of Insurance Requested \$ \_\_\_\_\_

Liquor Liability (complete Section B)

Hired/Non-Owned Auto Cost of Hire: \_\_\_\_\_

Miscellaneous Equipment Coverage (Inland Marine) Limits of Insurance Requested \$ \_\_\_\_\_

### SECTION A – Special Event Underwriting Information

Name of Event \_\_\_\_\_  
(Attach a copy of rental agreement or contract to rent or use venue)

Describe all events, activities, and operations you are requesting insurance for:

\_\_\_\_\_  
\_\_\_\_\_

Schedule of Events (use separate sheet if needed & attach brochure or promotional materials if applicable)

Activity	Date	Time(s)	Location Name / Address

Number of Participants Youth \_\_\_\_\_ Over 18 \_\_\_\_\_

Number of Volunteers \_\_\_\_\_ Number of Volunteers per day \_\_\_\_\_

Number of Spectators/Attendees \_\_\_\_\_ Number of Spectators/Attendees per day \_\_\_\_\_ Ticket Prices \$ \_\_\_\_\_

Do you have prior experience with this event or similar events? Provide details \_\_\_\_\_  Yes  No

Are overnight accommodations or camping facilities part of the event?  Yes  No

Will this event feature any of the following activities?  Yes  No

- Rides, amusement devices or inflatable recreational devices
- Petting zoos or animals
- Fireworks or pyrotechnics

Is this event held annually?  Yes  No

Is there a musical or entertainment performance at the event?  Yes  No

If yes, please list the type of performer (s): \_\_\_\_\_

If a musical performer/DJ, please provide the type of music provided/performed: \_\_\_\_\_

Is your event held  Indoors  Outdoors

**Venue Information**

Name of Venue \_\_\_\_\_

Address of Venue \_\_\_\_\_

What is the seating capacity? \_\_\_\_\_ Is the seating permanent or temporary? \_\_\_\_\_

Number of Exhibitors \_\_\_\_\_

Who is supplying security at venue? \_\_\_\_\_

(If private firm, they must have insurance and name you as an additional insured.) Are they armed?  Yes  No

Describe the safeguards in place to prevent injury to spectators: \_\_\_\_\_

Who is responsible for first aid / medical arrangements? \_\_\_\_\_

Who is responsible for concessions? \_\_\_\_\_

Who is responsible for parking? \_\_\_\_\_

Who is responsible for facility maintenance? \_\_\_\_\_

Is the event limited to venue grounds?  Yes  No

If not, provide details: \_\_\_\_\_  Yes  No

If there is swimming, are certified lifeguards on duty?  Yes  No

Are they CPR certified?  Yes  No

Are certificate received by the insured?  Yes  No

**Revenue Generated:**

Admission Fees	\$	_____
Liquor Sales	\$	_____
Food Sales	\$	_____
Merchandise	\$	_____

Alcoholic Beverages (please check those that apply)

Will not be allowed or available at the event.

None provided by Named Insured and/or only attendees to bring their own alcoholic beverages.

Will be sold at the event. (e.g.: individual drinks are offered for sale for cash or with pre-purchased tickets)

If sold, who holds the liquor license or permit?

Insured (If selected complete Section B - Liquor Liability)  Caterer or vendor  Facility  Sponsor

Will be furnished without a charge at the event. (e.g.: wine & beer are served for free; or event has \$100 admission fee and wine is served with dinner for free)

Will an admission fee be charged?  Yes  No If yes, complete Section B – Liquor Liability

## Section B - Liquor Liability

1. Is the Liquor License in your name?  Yes  No
  - a. If yes, is it an annual license?  Yes  No
2. Have you ever been assessed a fine or violation of a law concerning the sale, serving or providing of alcohol?  Yes  No
  - a. If yes, explain \_\_\_\_\_
3. Have you had any occurrences that have arisen out of the sale, serving, or providing of any alcoholic beverage?  Yes  No
  - a. If yes, explain \_\_\_\_\_
4. Has your liquor liability insurance been canceled or non-renewed in the last 3 years?  Yes  No
  - a. If yes, explain \_\_\_\_\_
5. Are your employees or volunteers serving liquor?  Yes  No
  - If not, who is serving? \_\_\_\_\_ Do you secure Certificate of Insurance from the contracting party?  Yes  No
6. Are servers, bartenders, and parking valets required to participate in alcohol awareness programs?  Yes  No
7. Is there a Designated Driver Program or escort service provided for those unable to drive?  Yes  No

## Section C - Abuse & Molestation

1. Do you do criminal background investigations on all those involved with children?  Yes  No
  2. Do you verify employment related references?  Yes  No
  3. Do you have written procedures along with formal training for dealing with sexual abuse?  Yes  No
  4. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?  Yes  No
  5. Has your organization ever had an incident which resulted in an allegation of sexual abuse?  Yes  No  
*If yes, please describe.* \_\_\_\_\_
- 
- a) Was a claim made against the organization?  Yes  No
  - b) Was the case settled?  Yes  No
  - c) Was the case taken to trial?  Yes  No
  - d) How much money was paid in damages to the victim \$ \_\_\_\_\_
6. Are Motor Vehicle Records obtained for all Managers, Supervisors and those involved directly with any directly with any children?  Yes  No
  7. Does your staff (paid and volunteer) employment application include questions on whether the individual has ever been convicted of sex-related or child-abuse related offense?  Yes  No
  8. Do you conduct a personal interview?  Yes  No
  9. Regarding coverage for abuse & molestation, does your current insurance:
    - a) Exclude coverage?  Yes  No
    - b) Limit coverage? (please indicate limit of liability \$ \_\_\_\_\_)  Yes  No
    - c) Neither exclude nor limit coverage  Yes  No
  10. How many years of management experience does the owner have? \_\_\_\_\_
  11. Please indicate age range of clients. \_\_\_\_\_
  12. How long do you maintain copies of all documentation (*i.e. employment applications, background investigations, MVR's*)? \_\_\_\_\_ (*recommend at least 7 years for claim purposes*)

## Section D - Underwriting Information (complete if requesting General Liability)

- Do you require all event participants and volunteers to sign waivers?  Yes  No
- Do you have a written contract in place with all persons or entities you contract with?  Yes  No
- Do these contracts contain a harmless agreement whereby you the Named insured do NOT assume liability of any other person(s) or entities?  Yes  No
- Do you require those you contract with to name you as an Additional Insured on their liability insurance and provide evidence of doing so?  Yes  No
- Are you contractually obligated to name any organization as an additional insured?**  Yes  No

If yes complete the following if requesting General Liability:

Additional Insured Name\*                      Complete Address                      Relationship to you (examples below)\*\*

\*Additional Insured Certificates – Each additional Insured Certificate is \$35.00 (non-commissionable).

\*\*Relationship Examples: Owners/Lessors of Premises, State or Governmental Agency or Subdivision or Political Subdivision, Lessor of Leased Equipment, Mortgagee, Assignee or Receiver, Sponsor, Co-promoters.

Do you currently have or have you had Accident Medical Coverage and/or General Liability?  Yes  No

a. If yes, please provide a copy of your current policy's schedule page.

b. If yes, please provide 3 years loss experience.

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**All above information requested is required for policy issuance. The licensed agent is required to complete the section below. Policies cannot be issued without all the required information being completed.**

**Local/Regional Licensed Agency**

Agency Name: _____	License Number: _____
Agent Name (Printed): _____	Agent Address: _____
City, State, Zip: _____	Phone Number: _____
Signature: _____ (Licensed Agent)	Date: _____
Email Address: _____	Proposal Number: _____

**FRAUD NOTICE STATEMENTS**

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN 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 CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.