



**Berkley**  
**ENTERTAINMENT**

| a Berkley Company

## SPECIAL EVENTS APPLICATION

1. Name of Applicant \_\_\_\_\_ Federal Employer I.D. No. \_\_\_\_\_

2. Address \_\_\_\_\_  
Street City County State ZIP Code

☐ AM

☐ AM

3. Event Dates \_\_\_\_\_ Time(s): From \_\_\_\_\_ ☐ PM To \_\_\_\_\_ ☐ PM

Dates Coverage Requested: From \_\_\_\_\_ 12:01 A.M. To \_\_\_\_\_ 12:01 A.M.

4. Event Name \_\_\_\_\_

5. Event Location \_\_\_\_\_

6. Facility Name \_\_\_\_\_

Does facility carry Liability insurance? ☐ Yes ☐ No Limit \$ \_\_\_\_\_

7. Description of Event \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is the event: ☐ Indoors ☐ Outdoors

If the event is outdoors, is the area fenced or otherwise enclosed? ☐ Yes ☐ No

9. Are you responsible for parking? ☐ Yes ☐ No If yes, square footage of parking area \_\_\_\_\_

Is lot attended? ☐ Yes ☐ No

10. Seating capacity \_\_\_\_\_ Estimated attendance Per Day \_\_\_\_\_ Total \_\_\_\_\_

11. Number of tickets: Printed \_\_\_\_\_ Sold to date \_\_\_\_\_

12. Price of admission \$ \_\_\_\_\_ Estimated Gross Receipts \$ \_\_\_\_\_

Estimated Payroll \$ \_\_\_\_\_

13. Limits of Liability requested: Occurrence \_\_\_\_\_ Aggregate \_\_\_\_\_

Deductible requested \_\_\_\_\_

14. Additional Insureds to be added:

Name	Address	Relationship

15. Will there be any exhibitions, demonstrations, parades or pageants? ☐ Yes ☐ No

If yes, describe. \_\_\_\_\_

16. Type of Seating

- a. Seat construction: ☐ Temporary ☐ Permanent
- b. Seating is: ☐ Reserved ☐ General Admission
- c. Type of seating provided: ☐ Bleacher ☐ Stadium ☐ Grandstand ☐ Theatre ☐ Folding Chairs  
☐ Other \_\_\_\_\_

17. If the event is outdoors, does the event end ninety minutes prior to sundown? ☐ Yes ☐ No

If no, is permanent lighting over all spectator areas and all parking lots? ☐ Yes ☐ No

18. If a stage is involved, is it: ☐ Temporary ☐ Permanent

If temporary, who is responsible for set up of same? ☐ Applicant

☐ Other (name) \_\_\_\_\_

If other than Applicant, is a Certificate of Insurance provided? ☐ Yes ☐ No

Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_

Is Applicant named as an Additional Insured thereon? ☐ Yes ☐ No

19. If a tent is involved, who is responsible for set up of same? ☐ Applicant

☐ Other (name) \_\_\_\_\_

If other than Applicant, is a Certificate of Insurance provided? ☐ Yes ☐ No

Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_

Is Applicant named as an Additional Insured thereon? ☐ Yes ☐ No

20. Is temporary lighting involved? ☐ Yes ☐ No

Who is responsible for hook-up of same? ☐ Applicant

☐ Other (name) \_\_\_\_\_

If other than Applicant, is a Certificate of Insurance provided? ☐ Yes ☐ No

Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_

Is Applicant named as an Additional Insured thereon? ☐ Yes ☐ No

21. Are ushers used? ☐ Yes ☐ No Who provides? ☐ Applicant

☐ Other (name) \_\_\_\_\_

22. Number of vendors/trade booths \_\_\_\_\_

Kinds of goods sold or displayed \_\_\_\_\_

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

23. Are all goods finished products or are there any on site demonstrations of skills (i.e., any blacksmithing, candle making, cooking, etc.) done at the Event? ☐ Yes ☐ No

If yes, describe. \_\_\_\_\_

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

24. Are vendors/trade booths required to provide a Certificate of Insurance? ☐ Yes ☐ No

Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_

Is Applicant named as an Additional Insured thereon? ☐ Yes ☐ No

25. Describe how Event is being advertised. \_\_\_\_\_

\_\_\_\_\_

26. Provider of food and/or drink: ☐ Applicant ☐ Other (name) \_\_\_\_\_  
 If other than Applicant, is a Certificate of Insurance provided? ☐ Yes ☐ No  
 Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_  
 Is Applicant named as an Additional Insured thereon? ☐ Yes ☐ No
27. If there is a Liquor exposure, is there a Liquor Legal Liability Policy in force? ☐ Yes ☐ No  
 Limit \$ \_\_\_\_\_ Carrier \_\_\_\_\_  
 Is a Certificate of Insurance provided? ☐ Yes ☐ No  
 Is Applicant named as an Additional Insured thereon? ☐ Yes ☐ No
28. Are there cooking facilities on the premises? ☐ Yes ☐ No  
 If yes, type of fire protection present. \_\_\_\_\_
29. Is Applicant providing any overnight camping facilities or other accommodations? ☐ Yes ☐ No  
 If yes, describe. \_\_\_\_\_
30. Party responsible for providing security (name) \_\_\_\_\_  
 If Applicant, is security provided by: ☐ Employees ☐ Outside security firm  
 If outside security firm, are they providing Certificate of Insurance? ☐ Yes ☐ No  
 Limit \$ \_\_\_\_\_ Is Applicant named as Additional Insured thereon? ☐ Yes ☐ No  
 Security provided by Applicant or Other is: ☐ Armed ☐ Unarmed
31. Describe protection being set up between the street and sidewalks, if the Event is being held on a street or other public place of vehicular access. \_\_\_\_\_  
 \_\_\_\_\_
32. Does the Event involve a parade? ☐ Yes ☐ No  
 Number of units in parade \_\_\_\_\_ (a marching band, a float, a car carrying personalities, etc. is each considered one unit)  
 Number of floats \_\_\_\_\_ Is anything thrown from any of the floats? ☐ Yes ☐ No  
 If yes, describe. \_\_\_\_\_  
 Length of parade in blocks \_\_\_\_\_ Length of time \_\_\_\_\_  
 Estimated number of spectators at parade \_\_\_\_\_
33. Is Applicant signing any Hold Harmless Agreements? ☐ Yes ☐ No  
 If yes, with whom and assuming responsibility for what? \_\_\_\_\_  
 \_\_\_\_\_
34. Is Applicant being Held Harmless by others? ☐ Yes ☐ No **Attach Copy of Agreement if available.**  
 If yes, by whom and describe extent of same. \_\_\_\_\_  
 \_\_\_\_\_
35. Has the Event been held by the Applicant in the past? ☐ Yes ☐ No Number of years \_\_\_\_\_  
 Provide details of all losses, claims or incidents, insured or uninsured, in all Events in the past 5 years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

36. Attach five year insurance company loss history.

Describe any losses over \$5,000 in detail. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Present insurance has been: (NOT APPLICABLE IN MISSOURI)

☐ Cancelled    ☐ Insurance Carrier refused to renew    ☐ None of these

Explain: \_\_\_\_\_

**VERY IMPORTANT**

1. Attach copies of all Lease and Hold Harmless Agreements.
2. Attach a copy of brochure of this Event.
3. Include a diagram of location(s) to be used.
4. Allow enough time to finalize total program, including full premium payment ten (10) days prior to your Event.

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING**

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
Federal Employer I.D. No. \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

Agent/Broker \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

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## **PRIVACY NOTICE**

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Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for Insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

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## **FRAUD WARNING**

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### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

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

### **Applicable in CA**

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in CO**

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 FL and OK**

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 (of the third degree) \*. \*Applies in FL Only.

### **Applicable in KS**

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, NY, OH and PA**

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 insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in NJ**

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

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**