

ATLANTIC CASUALTY INSURANCE COMPANY

SPECIAL EVENTS APPLICATION

INCEPTION EXPIRATION	AGENT NUMBER, NAME AND AD	DRESS
APPLICANT NAME /	LEGAL STATUS:	
MAILING ADDRESS	DANIAR S	CORPORATION OTHER
	INDIVIDUAL	CORPORATION OTHER ☐
	PARTNERSHIP	JOINT VENTURE
Email:		
ADDRESS OF EVENT/DESCRIBE L	OCATION	
,		
NECCOLDS CREATE FATERICIA DE	TATE AND DEALERS AT LEASING BY	RITING INFORMATION AVAILABLE:
DESCRIBE SPECIAL EVENT IN DE	TAIL AND PROVIDE ALE UNDERW	RIING INFORMATION AVAILABLE:
1. ESTIMATED ATTENDANCE PER	R DAY	
2. EVENT WILL BE HELD:	INDOORS OUTDOOR	s 🗆
3. CROWD CONTROL TYPE:	NUMBER:	POLICE
5. CROWD CONTROL TITE.	USHERS	GUARD DOGS
	PRIVATE SECURITY ARMED ☐ UNARMED ☐	OTHER (DESCRIBE)
	OFF-DUTY POLICE	
	ARMED UNARMED	
4. APPLICANT'S EXPERIENCE IN C	CONDUCTING EVENTS OF THIS OR SI	MILAR NATURE (NUMBER, DATES, ETC.)
	_	_
5. WILL BLEACHERS OR PLATFORMS BE USED?	A. PERMANENT PORTABLE	B. CONSTRUCTION WOOD STEEL CONCRETE
YES NO	FORTABLE	_ STEEL _ CONCRETE
C. HEIGHT FEET	D. AGE YEARS	E. BACK AND SIDE RAILINGS
C. HEIGHT FEET	D. AGE YEARS	PROVIDED YES NO
F. CONDITION OF BLEACHER	S (DESCRIBE)	
		

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6. DOES EVENT HAZARD INTEREST OF APPLICANT INVOLVE: SPONSOR OPERATOR (IF NONE FIREWORKS			
(IF NONE			
CHECK AMUSEMENT RIDES OR DEVICES OR DEVICES FOOD SALES ALCOHOLIC BEVERAGE SALES			
OR DEVICES FOOD SALES ALCOHOLIC BEVERAGE SALES			
☐ FOOD SALES ☐ ☐ ☐ ☐ ☐ ALCOHOLIC ☐ ☐ ☐ ☐ ☐ BEVERAGE SALES			
ALCOHOLIC			
BEVERAGE SALES			
A VE ADDIVIDADE DONG OD DONG OD DATE AND VALUE			
A. IF APPLICANT IS SPONSOR DOES OPERATOR HAVE LIABILITY INSURANCE? YES LIMITS \$NAME OF COMPANY			
B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR? YES NO			
7. HOLD HARMLESS A. DOES APPLICANT AGREE B. IS APPLICANT HELD HA AGREEMENTS: TO HOLD HARMLESS ANY BY OTHERS? THIRD PARTY? YES \(\Boxed{1}\) NO \(\Boxed{1}\) IF ANSWER TO A. OR B. IS YES, ATTACH COPIES OF CONTRACTS	RMLESS		
I MISWER TO A. OR B. IS TES, ATTACH COLLES OF CONTINUED			
8. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE: (ATTACH ADDITIONAL SHEETS IF NECESSARY TO EXPLAIN). IF NONE PLEASE STATE "NONE".			
DATE NATURE OF LOSS AMOUNT PAID OR OUTSTAI	JDING		
TWICKE OF EOST	1DII10		
COVERAGE INFORMATION			
LIMITS OF LIABILITY DESIRED? FOOD PRODUCTS COVERAGE HOST LIQUOR LIABILITY DESIRED? (INCLUDED AT NO DESIRED? CHARGE IN N/A STATES) YES NO YES NO YES NO	r		
DEDUCTIBLE AMOUNT \$			
REQUEST FOR ADDITIONAL INSURED(S): INTEREST OF AI? NAME ADDRESS			
SIGNATURES			
THIS FORM IS NOT AN INSURANCE POLICY OR CONTRACT OF INSURANCE. SIGNING OF THIS APPLICATION DOES NOT REQUIRE THE APPLICANT TO ACCEPT OR THE INSURER TO BIND OR ISSUE AN INSURANCE POLICY.			
APPLICANT: DATE			