REDSTONE
INSURANCE BROKERS

Special Event Liability Application

I. GENERAL INFORMATION

Applicant Name:	
Mailing Address:	
City / State / Zip:	
Email:	
Applicant Website:	
Legal Status: [ ] Individual [ ] Corporation [ ] Partnership [ ] Joint Venture [ ] Other:	
Applicant interest in event:	
Other sponsors / co-hosts (names):	

II. EVENT DETAILS

Event Name: _____

Location Address: _____

Event Description:

_____

_____

Dates: From _____ to _____ Hours: From _____ to _____

Effective Dates Desired: From: _____ To: _____

Part of larger event? [ ] Yes [ ] No Held: [ ] Indoors [ ] Outdoors

Type of event (Describe):

_____

_____

(ATTACH COPY OF BROCHURE AND/OR FLYER)

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III. ATTENDANCE & ADMISSION

Estimated attendance per day: _____ Total attendance: _____

Max venue capacity: _____ Avg attendee age: _____

Admission fee? [ ] Yes [ ] No

If yes, price: _____ Gross receipts: _____

Admission: [ ] General [ ] Invitation Only

Has this event taken place before? [ ] Yes [ ] No

How many years? _____ What was the previous attendance? _____

IV. SEATING, CROWD CONTROL & SAFETY

Seating: [ ] Bleachers [ ] Grandstand [ ] Stadium [ ] Open Field [ ] Other: _____

Temporary seating? [ ] Yes [ ] No

If temporary, who sets up? _____

Water hazards? [ ] Yes [ ] No Crowd control: Ushers ___ Police ___ Security ___ Dogs ___

Security armed? [ ] Yes [ ] No

Describe security:

_____

_____

V. ENTERTAINMENT, RIDES & ANIMALS

Live music? [ ] Yes [ ] No Performer name / music type: _____

Other entertainment? [ ] Yes [ ] No Describe:

_____

_____

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Do you require all musicians/entertainers to provide you with a Certificate of Insurance? [ ] Yes [ ] No

What limits of liability do you require? _____

Stage pyrotechnics? [ ] Yes [ ] No

Inflatables? [ ] Yes [ ] No Do Inflatable Operators have Certificate of Insurance? [ ] Yes [ ] No

Is so, at what limits: _____

Animals / petting zoos? [ ] Yes [ ] No Saddle animals or carriage rides? [ ] Yes [ ] No

Amusement rides? [ ] Yes [ ] No

If yes, list rides & insurance info:

_____

_____

If a sporting event, advise: # of participants _____ [ ] Professional [ ] Amateur

Age of participant: _____ Under 18 _____ Over 18 _____

# of games _____ # of races _____

Describe distance and protection between spectators and participants **(attach diagram)**:

_____

_____

VI. CONCESSIONS, VENDORS & ALCOHOL

Products sold:

_____

_____

Number of vendors: _____

Alcohol served? [ ] Yes [ ] No Served by: [ ] Applicant [ ] Vendor

Liquor liability obtained. [ ] Yes [ ] No Certificates of Insurance required? [ ] Yes [ ] No

Applicant named Additional Insured? [ ] Yes [ ] No

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VII. FIREWORKS

Fireworks used? [ ] Yes [ ] No

Pyrotechnician name: _____

Licensed? [ ] Yes [ ] No Affiliation w/ applicant? [ ] Yes [ ] No

Fire dept on-site? [ ] Yes [ ] No Ambulance on-site? [ ] Yes [ ] No

VIII. INSURANCE, LIABILITY & LOSS HISTORY

Limits of liability requested: _____/_____/_____

Additional Insureds (names & addresses): _____

Hold harmless agreements? [ ] Yes [ ] No Is applicant held harmless by others? [ ] Yes [ ] No

Experience with similar events: _____

Have there been any losses in the past five years? [ ] Yes [ ] No

Describe:

_____

_____

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET.

Applicant Signature: _____ **Date**: _____

Producer: _____ **Date**: _____

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