



**COLONY INSURANCE COMPANY  
SPECIAL EVENTS PDQ  
APPLICATION**

General Agent Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date: \_\_\_\_\_  
Insured: \_\_\_\_\_ Location: \_\_\_\_\_  
Proposed Effective Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ (12:01 AM, Standard Time at the address of the Applicant)

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements	\$	Total
Deductible \$	\$	\$

**Applicant Information:**

Event Location \_\_\_\_\_ Per Day Attendance \_\_\_\_\_  
Total Attendance \_\_\_\_\_

List all losses on events sponsored by this applicant, include the amount paid on the date of loss.

Additional Insured(s)	Address	Interest or Type of Vendor
_____	_____	_____
_____	_____	_____

**Special Event Information:**

Description of Event: \_\_\_\_\_

Type of Security Provided, e.g. armed, unarmed, off-duty police officers, certificates provided? \_\_\_\_\_

Any motorsports or aircraft exposures? Explain. \_\_\_\_\_ None

Any amusement or animal rides? Explain. \_\_\_\_\_ None

Is the insured selling or providing alcohol? \_\_\_\_ Yes \_\_\_\_ No

If vendors are selling alcohol, are certificates obtained and what other products or services do they render? \_\_\_\_\_

**Premises Information:**

Description of Location, e.g. school, field, arena, road, fairgrounds or park: \_\_\_\_\_

Describe any other physical hazards such as playgrounds or water exposure, etc.: \_\_\_\_\_

Describe the protection for spectators: \_\_\_\_\_

Bleachers or grandstands? \_\_\_\_ Yes \_\_\_\_ No

If Yes, describe including number of tiers and what levels have backs. \_\_\_\_\_

Concession Stand receipts, if operated by insured? \$ \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_