

INTERSTATE

INSURANCE UNDERWRITERS, INC.



SPECIAL EVENTS 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: _____