



One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610-617-7900 Fax: 610-617-7940

**SPECIAL EVENT
SUPPLEMENTAL APPLICATION**

PIIC Producer: _____
Broker: _____

Submission Requirements:

1. Currently valued, carrier-generated Loss Runs for the current year and the last three years (for accounts where premium exceeds \$5,000).
2. Copy of rental agreement or contract to rent or use venue.

Account Information

Applicant Name: _____
Address: _____
Web Site: www. _____ E-Mail Address: _____
Contact Person (Billing): _____ Phone: _____
Contact Person (Loss Control): _____ Phone: _____
Effective Dates Requested: _____
Event Gross Revenues: \$ _____

For Profit: Individual Partnership Corporation Association Other: _____
Non-Profit:

Years this entity in business: _____ Years experience of this owner: _____
Has the applicant had any claims filed against it in the last four years? Yes No

If yes, please provide details: _____

1. Description of Event _____

2. Dates: _____
Times: _____
(Attach brochure or promotional materials if applicable.)

Total Number of Attendees _____ Number of Attendees per day: _____
Total Number of Volunteers _____ Number of Volunteers per day: _____

Revenue Generated: Admission Fees \$ _____
Liquor Sales \$ _____
Food Sales \$ _____
Merchandise \$ _____

3. Is alcohol being served? Yes No
By whom? _____
Has server provided evidence of liquor liability insurance? Yes No
Is Liquor Liability coverage desired? Yes No
If Yes, complete liquor liability supplement.

4. Name of Venue: _____
 Seating Capacity _____
 Seating Type (Permanent Grandstands, Temporary Bleachers) _____
 Number of Exhibitors _____
 Who is supplying security at venue? _____
 (If private firm, they must have insurance and name you as an additional insured.)
 Describe the safeguards in place to prevent injury to spectators: _____
 Describe first aid/medical arrangements: _____
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5. Is the event limited to venue grounds? Yes No
 If no, provide details: _____
 Describe first aid/medical arrangements: _____
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6. Swimming: Yes No
 If Yes, are certified lifeguards on duty? Yes No
 Are they CPR trained? Yes No
 Are certificates received by Insured? Yes No
7. Athletic Events Yes No
 If Yes, is athletic participant coverage desired? Yes No
8. Performers Yes No
 If yes, please list all performers: _____
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9. Are you required to provide certificates of insurance to any other entity? Yes No
 If yes, please provide names of certificate holders and their interest: _____
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10. Other Comments: _____
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Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

 Applicant's Signature

 Date

 Broker's / Agent's Signature

 Date