



Special Event — Application

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General Information:

Applicant's Name: Agent:
Applicant's Mailing Address: Inspection Contact:
City State ZIP Phone # for Inspection Contact:
Website: E-mail:
Proposed Policy Period: Insured is: Individual Partnership Corporation
Joint Venture Other:
Location of Event: Dates of Event:
Description of Event (Attach copy of flyer or brochure) :

Underwriting Information:

1. Estimated Attendance per day: Total for all days event is held:
Gross Receipts \$
2. Food or beverages sold or served by applicant? Yes No
If yes, provide details
3. Are alcoholic beverages on premises? Yes No
If yes, are they served by Applicant Other Is liquor liability coverage in place? Yes No
4. Seating arrangements - Describe (i.e. booths, stages, electrical, special effects. etc...):
If portable, who does the erection?
5. Setup - Describe all exposures (i.e. booths, stages, electrical, special effects, etc...):
Who is responsible for the setup?
6. Security - Describe (i.e. guards - unarmed vs armed, dogs, off-duty police, etc...):
If guards are used, do they have their own insurance? Yes No
7. Parking facilities? Yes No
Operated by: Applicant Others If others, do they have their own insurance? Yes No
Is parking area Paved Dirt Other (describe)
8. Medical emergencies - How will an emergency be handled? (describe):
9. Are certificates of insurance required from all subcontracted operations? Yes No

Animal Exposure: Does not apply

- | | | | | | | |
|----|--|-----|----|--------------------------------|-----|----|
| 1. | Are their animal rides? | Yes | No | If yes, are animals hand lead? | Yes | No |
| | Describe area where rides are given (arena, roped off area, etc...): | | | | | |
| | Is safety apparatus used? | Yes | No | If yes, describe: | | |
| | Is there a petting zoo? | Yes | No | If yes, describe: | | |
| | How is it set up (fenced area, etc.)? _____ | | | Is the area supervised | Yes | No |

Amusement Devices - Kiddie Type: Does not apply

1. Provide a complete list of equipment:
2. Is applicant properly licensed to operate equipment? Yes No
3. Applicant has a documented maintenance schedule? Yes No
4. Rides are supervised at all times? Yes No

Amusement Devices - Other than Kiddie Type: Does not apply

Operator must have insurance and provide a certificate of insurance with limits and coverage at least equal to those requested on this application.

Demolition Derby, Mud Bogs and Tractor Pulls: Does not apply

Provide description of facility (attach diagram on separate sheet) including type of protection used to protect the spectators from flying debris, placement of barriers to keep vehicles a safe distance from spectators, etc.

Dog Races, Horse Races, Rodeos and Horse Shows: Does not apply

Provide description of facility (attach diagram on separate sheet):

Fairs and Carnivals: Does not apply

Provide complete description of event (attach diagram on separate sheet indicating location of exhibit, booth, ride, event etc):

Fireworks Exhibition - Sponsor's Risk Only: Does not apply

Pyrotechnicians must be licensed, have insurance and provide certificates of insurance with limits and coverage at least equal to those requested on this application.

Are volunteers used to perform duties at the exhibition? Yes No

Spectators must be at least on hundred fifty (150) feet from where fireworks are being set off.

Describe crowd controls used to maintain distance:

Musical Concerts: Does not apply

Name of performer(s) and type of music: _____

Do they have their own insurance? Yes No

Describe seating, i.e. bleachers, grass, folding chairs, etc: _____

Is seating assigned? Yes No

Type of venue? Indoor Outdoor If outdoors, is facility designed to accommodate this type of event? Yes No

Parades - Spectator Liability Only: Does not apply

Provide complete description of parade including crowd control (attach diagram of route and spectator areas on separate sheet)

Provide number and type of floats: No. _____ Types _____

Are there any animals in the parade? Yes No If yes, describe _____

Are participants required to have their own insurance? Yes No

Limits - General Liability:

Limits of Liability Requested:

General Aggregate: _____
 Products & Completed Operations Aggregate: INCLUDED
 Personal & Advertising Injury: _____
 Each occurrence: _____
 Fire Damage: _____
 Medical Payments: _____

Certificate Recipients/Additional Interests:

Name and Address	Interest	Additional Insured

Prior Experience and Losses:

Prior Carrier	Limits	Policy Term	Loss Information

Has the applicant been cancelled or non-renewed in the last three (3) years? Yes No

If yes, explain: _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof, the said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

 Witness Date _____ Applicant's Signature

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.