

# Special Event Product Application

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**GENERAL APPLICANT INFORMATION:**

Applicant's name: \_\_\_\_\_  
Location address for event: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of primary contact: \_\_\_\_\_ Email address of primary contact: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**TYPE OF EVENT:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Festival/Fair                | <input type="checkbox"/> Individual Vendor Booth | <input type="checkbox"/> Sporting Event/Tournament |
| <input type="checkbox"/> Concerts/Musical Event       | <input type="checkbox"/> Parade                  | <input type="checkbox"/> Theater Performance       |
| <input type="checkbox"/> Convention/Trade Show        | <input type="checkbox"/> Wedding                 | <input type="checkbox"/> Party/Picnic/Social Event |
| <input type="checkbox"/> Competition/Show             | <input type="checkbox"/> Motor Vehicle Race/Show | <input type="checkbox"/> Beer Garden, Beer Tent    |
| <input type="checkbox"/> Rodeo                        |  |  |
| <input type="checkbox"/> Fundraiser (describe): _____ |  |  |
| <input type="checkbox"/> Other (describe): _____      |  |  |

Full description of event activities: \_\_\_\_\_

Describe applicant's role or interest in event: \_\_\_\_\_

**COVERAGE REQUESTED:**

- General Liability and Liquor Liability       General Liability Only       Liquor Liability Only

**DESIRED LIABILITY**

**LIMITS:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$300,000/\$300,000            | <input type="checkbox"/> \$500,000/\$1,000,000   | <input type="checkbox"/> \$1,000,000/\$3,000,000 |
| <input type="checkbox"/> \$300,000/\$600,000            | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 |
| <input checked="" type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |

**DATES OF EVENT:** Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

- Is Set-up coverage required? Yes  No   
If yes, list dates \_\_\_\_\_
- Is Takedown coverage required? Yes  No   
If yes, list dates \_\_\_\_\_
- Is Rain Date coverage needed? Yes  No   
If yes, provide alternate date(s) for event: \_\_\_\_\_
- Will event end after 2:00 am on any day? Yes  No   
If yes, provide details: \_\_\_\_\_

**UNDERWRITING ELIGIBILITY:**

1. Any use of heavy machinery such as bulldozers, backhoes, cranes, excavators or similar equipment? Yes  No
2. Does event feature overnight camping, bonfires, swimming, boating, jet skis or on-water fishing? Yes  No

**ADDITIONAL INSURED:**

Name	Interest	Mailing Address
Diocese of Davenport	Controlling Entity	780 W. Central Park Ave. Davenport, IA 52804

- Is Primary and Non-contributory wording needed? Yes  No   
 If yes, list number of contracts needed: \_\_\_\_\_
- Is Waiver of Subrogation needed? Yes  No   
 If yes, list number of contracts needed: \_\_\_\_\_

**LOSS HISTORY:**

Date of Loss	Description of Loss	Open/Closed?	Amount	Reserve Amount

**GENERAL LIABILITY UNDERWRITING INFORMATION:**

1. Estimated number of attendees per day \_\_\_\_\_  
 If applicant is operating an individual vendor booth, list estimated attendees expected at booth: \_\_\_\_\_
2. Does the event feature any of the following:
  - a. Mechanical or carnival rides or devices? Yes  No
  - b. Fireworks, firearms or pyrotechnics? Yes  No
  - c. Haunted houses or hayrides? Yes  No
  - d. Hot air balloon, helicopter or airplane rides? Yes  No
  - e. Celebrities or high-profile attendees? Yes  No
 If yes, please list: \_\_\_\_\_
3. Is security provided? Yes  No   
 If yes, and security is provided by independent contractors, are they required to carry their own liability insurance? Yes  No
4. Will the event feature any medical or health screenings/treatment? Yes  No

**LIQUOR LIABILITY UNDERWRITING INFORMATION:**

1. Estimated number of attendees consuming alcohol per day \_\_\_\_\_
2. Is the applicant an individual or business that regularly sells, serves or furnishes alcohol? Yes  No
3. Will the alcohol be sold or served by a professional bartender with formal alcohol server training? Yes  No
4. Will the applicant be selling alcohol at the event? Yes  No
5. Is self-service or BYOB (bring-your-own-bottle) permitted? Yes  No

**ELIGIBILITY BY EVENT TYPE – complete if applicable: Wedding**

1. Is applicant (who is hosting the wedding), in the business of selling, serving or furnishing alcohol and/or required to purchase a liquor license for the event? Yes  No
2. Is a caterer or professional bartender serving the alcohol at the event? Yes  No
3. Does applicant require coverage for a rehearsal dinner? Yes  No   
 If yes, provide date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Optional coverages (eligible wedding events only):

Type Of Coverage	Limit Needed	Maximum Limit
Cancellation or Postponement Coverage	\$	\$50,000
Photographs or Video Coverage	\$	\$10,000
Event Gift Coverage	\$	\$10,000
Damage to Wedding Attire (\$1,000 included automatically)	\$	\$10,000
Loss of Deposits (\$1,000 included automatically)	\$	\$10,000
Scheduled Jewelry Coverage Item		\$10,000 total
Description _____	\$ _____	
Item Description _____	\$ _____	
Item Description _____	\$ _____	
Item Description _____	\$ _____	

**Concert/Musical Event**

1. Check type of music featured:  Rock  Country  Hip-hop/Rap  Gospel  Heavy Metal  
 Folk/Cultural  Jazz/Blues  Orchestra  
 Other (describe): \_\_\_\_\_
2. Are performers known on national level? Yes  No
3. List name(s) of performer(s): \_\_\_\_\_

**Sporting/Athletic Event**

1. Describe type of event: \_\_\_\_\_
2. Does event involve professional athletes? Yes  No   
 If yes, list the athletes' names: \_\_\_\_\_
3. Does event include an obstacle course, mud run, trail run or off-road course? Yes  No

**Motor Vehicle Race, Rodeo, Tractor Pull or Truck Show**

1. Is the venue designed specifically for this type of event? Yes  No
2. Are permanent barriers made from metal, concrete or similar material in place to protect spectators? Yes  No
3. List height of the barriers: \_\_\_\_\_ feet
4. Are spectators permitted in the infield or pit areas? Yes  No
5. Will the event allow audience participation in the ring/infield? Yes  No
6. Does event include an obstacle course, mud run, trail run or off-road course? Yes  No
7. Does event feature drag racing, flame-throwing or burnouts? Yes  No

**Car Show or Motor Vehicle Show**

1. Do vehicles remain in stationary during the event? Yes  No
2. Does event feature drag racing, flame-throwing or burnouts? Yes  No

## **Fraud Warning Statements:**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent statement for payment of a loss or benefit or knowingly presents false information in an application in insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, the insurer may deny insurance benefits, if false information materially related to the claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of any insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal or civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or another

person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO ALL OTHER APPLICANTS:**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**Producer's name:** CMG Agency, Inc.

**Address:** 10843 Old Mill Rd Omaha, NE 68154

**Applicant's Signature:** \_\_\_\_\_

**Title of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_